

Missouri Child Care Licensing Alignment Study

Alignment of Child Care Requirements from Missouri and its Bordering States to National Best Practices



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Executive Summary

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Executive Summary

Purpose

In an effort to understand Missouri's status alongside its bordering states in following national standards and best practices in child care licensing regulations, the **Missouri Child Care Licensing Alignment** study assessed the degree to which the regulations of Missouri, Arkansas, Illinois, Iowa, Kansas, Kentucky, Nebraska, Oklahoma and Tennessee were aligned with the *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Ed. (CFOC)*¹. The CFOC standards were developed by the American Academy of Pediatrics (AAP), the National Resource Center for Health and Safety in Child Care and Early Education (NRC) and the American Public Health Association (APHA) and encompass such topics as personnel qualifications and training, health and safety, working with families, and creating a high quality early care and education program. Due to this wide focus, the CFOC standards are broadly used in the United States to inform best practices in settings under the jurisdiction of state child care licensing regulations. For the purposes of this study, the special collection *Stepping Stones to Caring for Our Children* standards were selected². According to the National Resource Center for Health and Safety in Child Care and Early Education, the Stepping Stones to CFOCs is the collection of selected CFOC standards, which when put into practice, are most likely to prevent serious adverse outcomes in early care and education settings.

¹American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>
² https://nrckids.org/CFOC/Stepping_Stones

Methods

Over a six month period, researchers examined the content of licensing regulations, official government websites, and supplemental documents governing early care and education within Missouri and each of its bordering states. After identifying critical licensing requirement categories known to ensure the safety, well-being and early education of young children, researchers narrowed the study alignment framework to a total of 101 CFOC standards which included 421 best practices across 40 licensing categories. The licensing categories were organized into six licensing regulation content areas for the purposes of informing stakeholders of study results. As many CFOC standards are comprehensive in nature, researchers also operationalized the salient practices outlined within each individual CFOC standard. This process rendered a range of identified practices from 2 to 32 across the 101 standards. For example, researchers isolated 2 practices for the licensing category Firearm Safety and 32 practices for Indoor and Outdoor Environment Safety. Table 1 summarizes the total number of standards and practices assessed across the six licensing content areas.

Table 1. Licensing Categories, Standards and Best Practices Assessed Across Each Content Area

Licensing Regulation Content Areas	Categories	Standards	Best Practices
Section I: Personnel Qualifications and Training Requirements	10	15	113
Section II: Health Promotion Practices	7	27	58
Section III: Creating a High-Quality Early Care and Education Program	7	17	60
Section IV: Working with Families and their Young Children	5	11	48
Section V: Caring for Infants and Toddlers	5	12	63
Section VI: Building and Grounds Safety	*6	19	79
Total	*40 categories	101 standards	421 practices

Note: Missouri was assessed on 40 categories, while all other states were assessed on 39 due to differences in fire code requirements across states.

Discrete and Comprehensive Scores

To rate the degree to which Missouri and its bordering states' licensing regulations were aligned with the CFOC standards, researchers applied two levels of assessment processes¹ to render discrete (Level I initial ratings) and mean scores (Level II cumulative ratings). Researchers established this process to provide both detailed results about the individual practices (n=421) and standards (n=101), and to provide holistic results about states' overall performance on the 40 critical licensing regulation categories. These two approaches provide enriched results and help place Missouri amongst its neighboring states.

Researchers established codes to assign ratings. Level I scores were determined as researchers reviewed states' documents and assigned ratings to the 401 discrete practices using the ratings of 0 = "Caring for Our Children practice not met"; 1 = "Caring for Our Children practice partially met"; and 2 = "Caring for Our Children practice fully met" across all standards. Regulations needed to include clear language to fully meet the standard. Vague or partial information within regulations resulted in a code of '1'. No regulation or contradictory regulations for a topic was coded at a '0'. Researchers conferred in second review rounds to ensure accuracy of results and reach agreement.

To determine the cumulative strength of standards and practices across each of the 40 licensing categories, mean scores (Level II cumulative ratings) were calculated based on the Level 1 scores for a state across each standard's practices. Researchers used this process to render four categories for reporting cumulative results:

- means under 1 = "Caring for Our Children standards and practices for this licensing category are not met in this state's regulations";
- means between 1.00 and 1.49 = "Caring for Our Children standards and practices for this licensing category are partially met";
- means between 1.50 and 1.99 = "Caring for Our Children standards and practices for this licensing category are almost there ...";
- and, means of 2 = "Caring for Our Children standards and practices for this licensing category are fully met".

¹ Leone, C. M., Jaykus, L. A., Cates, S. M., & Fraser, A. M. (2016). A review of state licensing regulations to determine alignment with best practices to prevent human norovirus infections in child-care centers. *Public Health Reports*, 131(3), 449-460. Benjamin Neelon, S. E., Duncan, D. T., Burgoine, T., Mayhew, M., & Platt, A. (2015). Promoting breastfeeding in child care through state regulation. *Maternal and child health journal*, 19, 745-754.

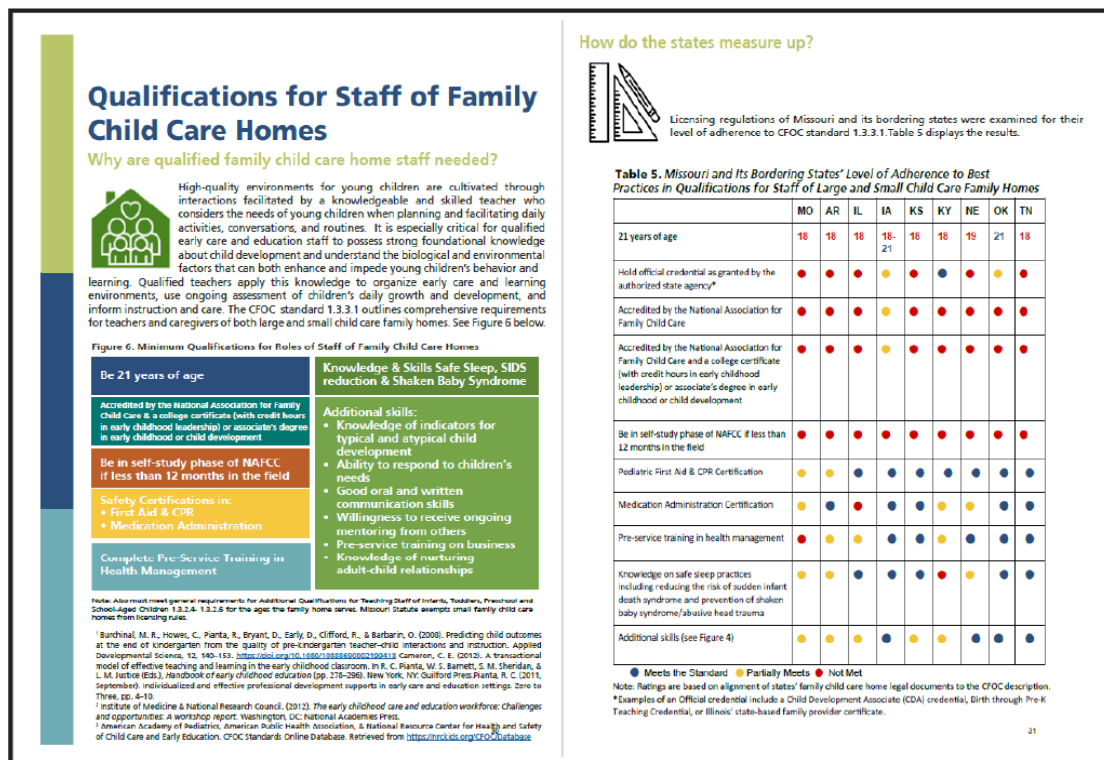
Results

Taking Level I and Level II findings into account, results indicate that Missouri ranks sixth in comparison to its eight bordering states for adhering to best practices in licensing regulations. Across the 40 licensing regulations categories reviewed, 25% percent of Missouri's licensing content areas almost meet, 27.5% partially meet and 47.5% do not meet CFOC standards and practices. In total, Missouri can improve on 29 licensing categories, which includes improvement needed on 38 standards that comprise 208 practices. [Appendix A Summary of Individual States' Alignment to Caring for Our Children Standards and Practices](#) presents the summary of states' cumulative rank, beginning with the states most in alignment to the CFOC standards.

Best Practice Profiles

The Level I ratings were designed to provide stakeholders with a precise understanding of incremental improvements that can be made. These results are displayed within each individual Best Practice profile. These Best Practice Profiles describe the importance of the licensing practices, outline the CFOC standards and practices included in this review, and discuss how Missouri meets and can strengthen in each licensing category.

Best Practice Profile Example



Summary Infographic

Level II results organize licensing categories holistically with information to help stakeholders consider how to prioritize and revise licensing regulations based on available resources. Level II results are displayed in the Figure 1 Summary of Findings. This is an interactive tool. Click on the hyperlink to access more information about the degree to which states' licensing requirements address best practice standards.

Figure 1. Summary of Findings -Section I: Job Qualifications & Hiring Requirements

		States' Level of Adherence			
		Not Yet	Partially Meets	Almost There	Fully Meets
click icons					
	Director Qualifications	MO KS NE OK	IL KY	AR IA TN	
	Staff Qualifications	MO KY IA AR TN NE KS OK	IL		
	FCCH Provider Qualifications	MO AR IL KY NE	OK TN IA KS		
	Background Screenings			MO AR IA IL KY NE OK TN	KS
	Adult Health Practices	KY NE TN OK	MO KS AR IA	IL	
	First Aid /CPR Training		IA KS	MO AR IL	KY NE OK TN
	Pre-Service Training	MO AR IL IA KS KY OK NE	TN		
	Orientation Training		AR IL IA KY	OK KS MO NE TN	
	Health and Safety Training	MO KY KS NE IA TN	OK AR IL		
	Annual Training	AR MO KY KS NE IA IL TN	OK		

Section II: Health Promotion Practices

		States' Level of Adherence			
		Not Yet	Partially Meets	Almost There	Fully Meets
click icons					
	Children's Immunizations	IL KS	AR MO KY NE	IA TN	OK
	Medication Administration		KY	MO AR IL IA KS NE	OK TN
	Prevention and Control of Infectious Disease		TN OK NE IL AR KS KY TN	IA MO	
	Caring for Ill Children	NE KY KS	AR IA T IL	MO OK	
	Nutrition & Meals	KS	MO	IL NE AR TN KY IA OK	
	Food Safety Precautions	IL TN AR KS NE	MO KY IA	OK	
	Physical Activity		KS AR MO NE IA KY	OK IL TN	

Section III: Creating a High-Quality Early Childhood & Education Program

		States' Level of Adherence			
		Not Yet	Partially Meets	Almost There	Fully Meets
click icons					
	Content of Policies*		KY AR NE OK TN MO KS	IL IA	
	Child:Staff Ratios	All States			
	Supervision of Children	KS	MO AR IA IL NE	KY OK TN	
	Preschool Children's Activities		NE	MO IA KS TN	AR IL KY OK
	Equipment for Children's Activities	IL KY NE IA KS	MO OK TN	AR	
	Materials for Activities	KS AR KY MO NE TN	OK IL IA		
	Screen Time & Media Use	MO IA NE KS	AR	OK IL KY TN	

*Content of Policies data represents ratings for child care centers.

Section IV: Working with Families & Their Young Children

States' Level of Adherence

Not Yet

Partially Meets

Almost There

Fully Meets

click icons

	Family Involvement	KY NE TN	IL IA KS MO	AR OK
	Behavior Guidance	KY KS	MO NE IL	AR TN OK IA
	Child Observation and Assessment	All States		
	*Caring for School Age Children	TN OK MO	NE KS AR IA	IL
	Caring for Children with Special Health Needs	MO	NE KS KY TN	OK IL IA AR

Note: *Kentucky currently does not regulate school-age care.

Section V: Caring for Infants & Toddlers

		States' Level of Adherence			
		Not Yet	Partially Meets	Almost There	Fully Meets
click icons					
	Safe Sleep Practices		AR IL KY NE IA KS OK	MO TN OK	
	Additional Qualifications for Caring for Infants and Toddlers		MO IA KY	OK	AR IL KS NE TN
	Infant Toddler Relationship Environment	KS KY	NE OK	MO IA	AR IL TN
	Feeding Infants and Toddlers	NE KS AR MO KY OK	IL TN IA		
	Diapering	NE AR TN MO IA	KY	IL OK KS	

Section VI: Building & Grounds Safety

		States' Level of Adherence			
		Not Yet	Partially Meets	Almost There	Fully Meets
click icons					
	Emergency Preparedness	MO NE AR TN OK KS KY	IA IL		
	Transportation	IA NE KS MO IL TN	AR KY OK		
	Indoor and Outdoor Environment Safety	KS NE MO AR TN KY OK	IL IA		
	Firearm Safety	IL IA MO KS KY AR	NE OK TN		
	Bodies of Water & Swimming Pool Safety	KY KS TN MO IA NE AR	OK IL		
	**Fire Safety			MO	

Note: **All states but Missouri have a state fire code. Only Missouri regulations were included in the comparison to best practices.



Summary Report and Best Practice Profiles

Introduction

Background

Key Terms

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Findings: Best Practice Profiles



Introduction

All 50 states and the District of Columbia have child care licensing regulations that establish minimum requirements to protect children and support their early development. Child care licensing requirements are the legal, enforceable regulations each state establishes to set minimum standards for creating healthy, safe and quality environments for young children. Licensing regulations serve as a baseline for states to organize, monitor, verify and support the care of its youngest citizens.

States often focus their child care regulations on similar constructs. However, data from the national child care study² on trends in child care licensing requirements across the US and the District of Columbia confirms prior research results³ indicating that there is considerable variation between states in how they organize and govern child care with regulations and other early care and education policies. States also differ in terms of the degree which their licensing regulations set the “floor” for children’s health and safety⁴.

In comparison, national standards in best practices for quality early care and education provide comprehensive guidance for states to strengthen the quality of licensed, healthy, and safe early care environments. The primary national battery of standards for early care and education is the **Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Ed. (CFOC)**, developed by the American Academy of Pediatrics (AAP), the National Resource Center for Health and Safety in Child Care and Early Education (NRC), and the American Public Health Association (APHA). The CFOC standards represent the nationally adopted best practice standards for guiding high quality child care and early education. As part of the CFOC national battery, *The Stepping Stones to Caring for Our Children*⁵ are noted as the collection of CFOC standards when implemented are most likely to prevent serious adverse outcomes in early care and education settings. The CFOC acknowledges that all the standards are attainable across individual settings and can foster quality improvement overtime.

This report describes research results from a study to determine the variation between Missouri’s licensing regulations compared to its eight bordering states and the Stepping Stones to Caring for Our Children and additional selected Caring for Our Children standards, which outline best practices in early care and education. To set the stage for the study results, first we describe relevant background information from Missouri’s current activities in child care licensing and quality program development. We then define key terms related to understanding state regulations and how licensing of early care and education programs is organized. We describe methods and data used to complete this study. Next, results are presented in two forms-- the summary infographic shares the overarching rating for each licensing category assessed in this study. The Best Practice Profiles provide detailed information across each licensing category. We conclude this report with recommendations.

² National Center on Early Childhood Quality Assurance. (2022). Trends in child care center licensing requirements for 2020. Brief #1. https://childcareta.acf.hhs.gov/sites/default/files/new-occ/resource/files/center_licensing_trends_brief_2020_final.pdf

³ Kaphingst, K. M., & Story, M. (2009). Peer Reviewed: Child care as an untapped setting for obesity prevention: State child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States. *Preventing Chronic Disease*, 6(1). Benjamin, S. E., Copeland, K. A., Cradock, A., Neelon, B., Walker, E., Slining, M. M., & Gillman, M. W. (2009). Menus in child care: a comparison of state regulations with national standards. *Journal of the American Dietetic Association*, 109(1), 109-115.

⁴ Connors, M. C. (2016). Creating cultures of learning: A theoretical model of effective early care and education policy. *Early Childhood Research Quarterly*, 36, 32-45.

⁵ https://nrckids.org/CFOC/Stepping_Stones

Background

Prior research has included an examination of states' licensing regulations in relation to best practice standards in licensing categories such as screen time and media use, breastfeeding, physical activity and nutrition. Currently and within the last two years, several national and state-level groups including researchers at United-We, Kids Win Missouri, Child Care Aware® of Missouri, the University of Missouri and the National Association for Regulatory Administration are or have conducted studies or program evaluations related to Missouri Child Care licensing. These activities have occurred alongside Missouri's Office of Childhood's business-as-usual surveys of current child care providers. However, to the best of our knowledge, these activities have not been designed to investigate to what degree Missouri's child care regulations align to best practices, particularly in comparison to approaches in surrounding states or federal requirements. The lack of such research is particularly critical in light of concurrent calls by some national and state stakeholders to loosen licensing regulations as a means for expanding the supply of child care.

The Missouri Child Care Licensing Alignment study fills the gap needed to understand in what ways loosening or tightening Missouri's child care regulations might further impact Missouri's current and potential child care providers in operating quality early learning across the state, and across the varied delivery systems. Importantly, the National Association for the Education of Young Children warns that deregulation of child care lowers health, safety, staffing and qualifications requirements which is ultimately detrimental to creating safe and high quality environments for young children⁶. Any consideration for how to modify or improve regulations should always be contextualized with the understanding that young children need close supervision by trusted and caring professionals, who understand the importance of establishing high-quality relationships and environments that provide safe, quality care and education⁴.

The purpose of this study is to explore the alignment of Missouri's child care regulations with its bordering states and national standards and best practices in caring for children. Research questions that guided the study are:

- To what extent are Missouri child care regulations aligned with the Stepping Stones to Caring for Our Children standards of quality early care and education?
- To what extent are Missouri child care regulatory guidelines aligned with the regulations of its surrounding states?

Key Terms

States determine child care licensing regulations which specify policies, plans and practices to guide and govern early care and education programs. Common licensing regulation categories include health and safety, safe sleep practices, background checks for staff, child to staff ratios, group size, food preparation and serving precautions, staff training requirements, sanitation, and emergency preparedness plans.

⁶National Association for the Education of Young Children. (2024). The Costs of Deregulating Child Care Decreased Supply, Increased Turnover, and Compromised Safety. https://www.naeyc.org/sites/default/files/wysiwyg/user-73607/2024naeycderegulationresource_final.pdf

Laws and Regulations

To understand licensing regulations, it is helpful to understand the system that governs early care and education.

- A **state statute** is the law or code created by state legislators to direct regulations. For example, the Missouri Legislature has put into effect relatively few statutes to regulate child care licensing for early childhood centers and family child care homes, which allows the government agencies with jurisdiction over child care licensing to serve as the governing authority⁷.
- A **state regulation** is a legal requirement or rule under state law. Regulations originate within government agencies and/or departments with authority to do so. For example in Missouri, the main governmental authority for child care licensing is the Department of Elementary and Secondary Education, Office of Childhood Division.
- An **emergency rule** is a temporary rule passed to respond to an immediate need of the public. For example, during 2023, Missouri's State Board of Education approved an emergency rule to expand grants for providers to increase child care slots across the state.
- A **standard** represents a statement that defines a goal or practice that has been established through systematic and scientific processes involving interdisciplinary expertise, research or epidemiological data. For example, [the National Head Start Association and National Association for the Education of Young Children](#), two highly recognized leading early childhood agencies, have performance standards to inform the early childhood profession on supporting the cognitive, social, emotional and healthy development of children ages birth to five.

Federal programs also support states' child care licensing efforts. With that support, additional licensing regulations are required for states that accept Child Care and Development Block Grant (CCDBG) and Child Care and Development Fund (CCDF) awards. States receiving funding through CCDF may have had to make changes to their licensing requirements based on the federal law.

⁷<https://www.publichealthlawcenter.org/sites/default/files/resources/phlc-fs-MO-Child-Care-Licensing-Laws-2016.pdf>



Types of Licensed Early Care and Education Programs

When an early care and education program becomes licensed, this means the program has met the state regulations for operating a child care program. States typically license their early care and education programs according to three types that differ by size (number of children served) and location (home or non-residential). *The Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Ed.* (CFOC) define three common categories for licensed early care and education programs:

- **small family child care homes** that often serve six or fewer children cared for in a single home, including the provider's own children
- **large family child care homes** that typically serve 7 to 12 children in a single home, including the provider's children
- **centers** that serve any number of children in a non-residential setting

Licensed early care and education centers primarily serve larger numbers of infants through children prior to kindergarten and require more staff than family child care homes. Family child care homes are often the homes of owners or providers of care to smaller groups of children, which may include caring for relatives. Family child care homes (FCCHs) have limitations for the total number of children that can be cared for based on how many infants under two are present during the day. Missouri licenses early care and education programs using two groups:

- **Group Homes and Child Care Centers, and**
- **Family Child Care Homes (FCCH)**

In Missouri, FCCHs who care for six or fewer children at the same physical address are not required to be licensed or report that they are providing child care. This exemption applies to a maximum of three children under the age of two but does not include children who live in the FCCH and are eligible for public school enrollment. If the FCCHs want to accept families who use child care subsidy to pay tuition, these providers are designated as Six or Fewer Child Care Providers. These providers must register with the state using the Subsidy Agreement Contract for Services and Application for Vendor Direct Deposit, complete a background screening process and complete required trainings, including Child Care Subsidy Orientation Training, Pediatric First Aid and CPR, and CCDF Health & Safety Training. Any household members over the age of 17 must also undergo background checks⁸.

Like smaller FCCHs, not all non-residential early care and education settings are legally required to be licensed. For example, in Missouri some programs are known as [License-Exempt Child Care Facilities](#). Missouri defines license-exempt programs as a nursery school not operated by a religious organization or child care maintained or operated under the exclusive control of a religious organization, not including religious organization academic preschools or kindergartens. Missouri has the most license exemptions of any of its bordering states. Nationally, Missouri sits with five other states who allow license-exempt programs to be exempt from all licensing requirements and processes⁹. See Table 2 to compare Missouri to its bordering states and the CFOC definitions for types of licensed early care and education programs.

⁸American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

⁹National Center on Early Childhood Quality Assurance. (2022) Trends in child care licensing requirements for 2020. https://childcareta.acf.hhs.gov/sites/default/files/new-occ/resource/files/center_licensing_trends_brief_2020_final.pdf

Table 2. Types of Licensed Early Care and Education Programs by State and CFOC Definition

Caring for Our Children Definitions → State Definitions ↓	Centers A center is a program located in a non-residential building offering care to any number of children or 13 or more children in any setting.	Large Family Child Care Homes A large family child care home offers care to 7-12 children, including the provider's own children, in the provider's home.	Small Family Child Care Homes Small family child care homes offer care to 1 to 6 children, including the providers' own children, in the provider's home.
Missouri	Child Care Centers A child care program is conducted in a location other than the provider's permanent residence for children for any part of a 24 hour day. Group Child Care Homes A group child care home provider is licensed for not more than 20 children for any part of the 24 hour day.	Family Child Care Homes A family child care home provider has no more than 10 children for any part of the 24 hour day.	Six or Fewer Child Care Provider Exemptions are set forth in Missouri Statute, sections 210.201 and 210.211, RSMo. Anyone caring for six or fewer children, including a maximum of 3 children under the age of 2, at the same physical address is not required to be licensed and does not have to report he/she is providing child care. For the purposes of this exemption, children who live in the caregiver's home and are eligible for enrollment in public kindergarten, elementary, or high school shall not be considered in the total number of children under care.
Arkansas	Licensed Child Care Center Facilities that care for 6 or more children from more than 1 family.	Licensed Child Care Homes Homes where care is provided to 6 to 16 children.	Registered Child Care Family Home Homes where care is provided to fewer than 5 children.
Illinois	Licensed Day Care Centers Child care facilities which provide care for less than 24 hours/day for more than 8 children in a family home or more than 3 children in a facility other than a family home, including senior citizen buildings.	Group Day Care Homes Group day care homes are family homes that receive more than 3 up to a maximum of 12 children for less than 24 hours/day. The maximum of 12 children includes the family's natural, foster, or adopted children and all other persons under age 12.	Licensed Day Care Homes Licensed day care homes are family homes which receive more than 3 up to a maximum of 12 children for less than 24 hours/day. The max of 12 children includes the family's natural, foster, or adopted children and all other persons under the age of 12. Does not include facilities which receive only children from a single household.
Iowa	Care Centers and Preschools A facility providing child day care for seven or more children, except when the facility is registered as a child development home.	Registered Child Development Homes A person or program registered under this chapter that may provide child care to 7 or more children at any one time.	Child Care Home Child care homes are not registered if 5 or fewer, or 6 or fewer, children are cared for in a home and including if at least one is school-aged.
Kansas	Licensed Child Care Center A facility providing care and educational activities for 13 or more children two weeks to 16 years of age for more than three hours and less than 24 hours/day including day time, evening, and nighttime care; or 2) which provides before and after school care for school-age children. A facility may have fewer than 13 children.	Licensed Child Care Home A child care facility in which care is provided for a maximum of 12 children under 16 years of age and includes children under 10 years of age related to the provider. This could require two providers depending upon the total number of children in care.	Licensed Day Care Homes The primary residence serves 6 or fewer children. A registered relative provider is a family member who cares for children in their own home or the child's home. A registered relative provider may not care for more than six children related to the caregiver or more than eight children inclusive of their own children. A registered provider must meet all requirements of the Child Care Assistance Program as outlined in 922 KAR 2:180 and submit a completed KARES background check, be certified in CPR/First Aid and not live within the same household as the child.

Table 2. con't.

Caring for Our Children Definitions → State Definitions ↓	Centers A center is a program located in a non-residential building offering care to any number of children or 13 or more children in any setting.	Large Family Child Care Homes A large family child care home offers care to 7-12 children, including the provider's own children, in the provider's home.	Small Family Child Care Homes Small family child care homes offer care to 1 to 6 children, including the providers' own children, in the provider's home.
Kentucky	Child Care Centers Type I A A child-care center licensed to regularly provide child care services for 4 or more children in a nonresidential setting. Child Care Centers Type I B A child-care center licensed to care for 13 or more children in a designated space separate from the primary residence of a licensee.	Child Care Center Type II The primary residence of the licensee in which child care is regularly provided for 7, but not more than 12, children including children related to the licensee.	License-Exempt Type II The primary residence serves 6 or fewer children. A registered relative provider is a family member who cares for children in their own home or the child's home. A registered relative provider may not care for more than six children related to the caregiver or more than eight children inclusive of their own children. A registered provider must meet all requirements of the Child Care Assistance Program as outlined in 922 KAR 2:180 and submit a completed KARES background check, be certified in CPR/First Aid and not live within the same household as the child.
Nebraska	Child Care Center A child care center is a child care program licensed to provide child care for 13 or more children.	Family Child Care Home II A family child care home II is a child care program in the licensee's residence or another location which is licensed to serve at least 4 but not more than 12 children.	Family Child Care Home I A family child care home I is a child care program in the licensee's residence which is licensed to serve at least four but not more than eight children, except that a licensee may be approved to serve up to two additional school-age children during non-school hours if no more than two of the other children in care are under 18 months of age.
Oklahoma	Child Care Programs A child care program provides care and supervision of children in child care centers, day camp, drop-in, out-of-school time, part-day and programs for sick children.	Large Child Care Homes A large child care home offers care and supervision for 8 to 12 children for part of the 24 hour day.	Licensed Family Child Care Homes A family child care home is a family home that provides care and supervision for seven or fewer children for part of the 24 hour day.
Tennessee	Child Care Centers Any place or facility operated by any person or entity that provides child care for 3 or more hours per day for at least 13 children who are not related to the primary educator.	Group Child Care Home Any place or facility operated by any person or entity that provides child care for 3 or more hours per day for at least 8 children who are not related to the primary educator, but not more than 12 children or 15 children if approved for 3 additional school-agers.	Family Child Care Home Any place or facility which is operated by any person or entity that provides child care for 3 or more hours per day for at least 5 children, but not more than 7 children who are not related to the primary educator.

Note: The Caring for Our Children Standards also defines additional types of programs:

1. Drop-in facility: A child care program where children are cared for over short periods of time on a one-time, intermittent, unscheduled and/or occasional basis. Drop-in care is often operated in connection with a business (e.g., health club, hotel, shopping center, or recreation centers).
2. School-age child care facility: A facility offering activities to school-age children before and after school, during vacations, and non-school days set aside for such activities as caregivers'/teachers' in-service programs.
3. Facility for children who are mildly ill: A facility providing care of one or more children who are mildly ill, children who are temporarily excluded from care in their regular child care setting.
4. Integrated or small group care for children who are mildly ill: A facility that has been approved by the licensing agency to care for well children and to include up to six children who are mildly ill.
5. Special facility for children who are mildly ill: A facility that cares only for children who are mildly ill, or a facility that cares for more than six children who are mildly ill at a time.

Methods

To answer this study's research questions, researchers used a qualitative content analysis approach to collect and analyze legal documents that govern state child care licensing regulations for Missouri and its bordering states (Arkansas, Illinois, Iowa, Kansas, Kentucky, Nebraska, Oklahoma, and Tennessee). The most recent licensing regulations for child care and family child care home program types were downloaded in portable document format from the respective government websites February through July 2025.

Identifying the Licensing Regulation Categories. Researchers cross referenced trends in states' licensing requirements for centers and FCCHs as reported by the National Center for Early Childhood Quality Assurance, the agency that collects and maintains a national database for current state child care licensing regulations. This process enabled researchers to initially narrow the focus of inquiry to 22 licensing requirement categories, which then grew to 40 licensing categories by the end of the study due to the scope of practices (n=421) within their respective CFOC standards. Given the expanded category focus to meet the project's timeline, the research team decided to focus the content analysis on regulations for child care centers only. However, it should be noted that almost all of the CFOC standards identified in this study are written for all three types of early care and education settings (centers, large FCCHs and small FCCHs). Additionally, several key standards related only to FCCHs were included in the results.

Researchers then drafted an initial coding template for documenting each individual state's regulations and cross-referenced the codes and subcategory meanings with the National Database of Child Care Licensing Regulations¹. Three researchers tested the coding template by analyzing two separate states' legal child care licensing documents which informed the final set of coding procedures. One researcher formatted the coding template for each state, uploaded legal documents from each state's website, and created a resource document for additional weblinks to states' supplemental materials also used in reviewing state practices (e.g., forms, state implementation guides, training websites, government agency website, etc.).

Content Analysis of States' Alignment of Regulations and Best Practices. Results from coding regulations from Missouri and its bordering states provided data for researchers to conduct a comparative analysis of the licensing requirements to national standards for child care quality. Researchers compared states' regulations to selected best practice standards using the the *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Ed. (CFOC)*² focusing primarily on the collection, Stepping Stones to Caring for Our Children. The CFOCs were developed by the American Academy of Pediatrics (AAP), the National Resource Center for Health and Safety in Child Care and Early Education (NRC), and the American Public Health Association (APHA), which represents a comprehensive battery of best practice standards for quality child care and is the most widely used framework for developing quality child care practices.

¹ National Database of Child Care Licensing Regulations, <https://licensingregulations.acf.hhs.gov/>

²American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

To conduct the comparison, researchers applied two levels of assessment processes¹¹ to render discrete (Level I initial ratings) and mean scores (Level II cumulative ratings). Researchers established this process to provide both detailed results about individual practices and holistic results about states' overall performance on critical licensing regulation categories. These two approaches provide enriched results and help place Missouri amongst its neighboring states.

Researchers assigned Level I ratings to each states' level of adherence to the CFOC standards and practices using the ratings:

- 0 = "Caring for Our Children practice not met"
- 1 = "Caring for Our Children practice partially met"; and
- 2 = "Caring for Our Children practice fully met" across all standards.

Regulations needed to include clear language to fully meet the standard. Vague or partial information within regulations resulted in a code of '1'. No regulation or contradictory regulations for a topic was coded at a '0'. Researchers conferred in second review rounds to ensure accuracy of results and reach agreement.

The team of researchers individually completed the first round of coding. Researchers made inferences using explicit terms from the main child care constructs. When exact constructs were not present in a state's child care licensing requirements, researchers would examine documents for related terms. For example, "expulsion" was searched using "removal" and "family communication" was searched using "parents", and so on. Each state was reviewed by a second and sometimes third reviewer. Researchers conferred when necessary to reach agreement.

To determine the cumulative strength of standards and practices within a licensing category, mean scores (Level II cumulative ratings) were calculated for licensing categories. Researchers used this process to render four categories for reporting cumulative results:

- means under 1 = "Caring for Our Children standards and practices for this licensing category are not met in this state's regulations";
- means between 1.00 and 1.49 = "Caring for Our Children standards and practices for this licensing category are partially met";
- means between 1.50 and 1.99 = "Caring for Our Children standards and practices for this licensing category are almost there ...";
- and, means of 2 = "Caring for Our Children standards and practices for this licensing category are fully met".

Researchers assessed regulations on a total of 101 CFOC standards and 412 best practices across 40 licensing regulation categories.

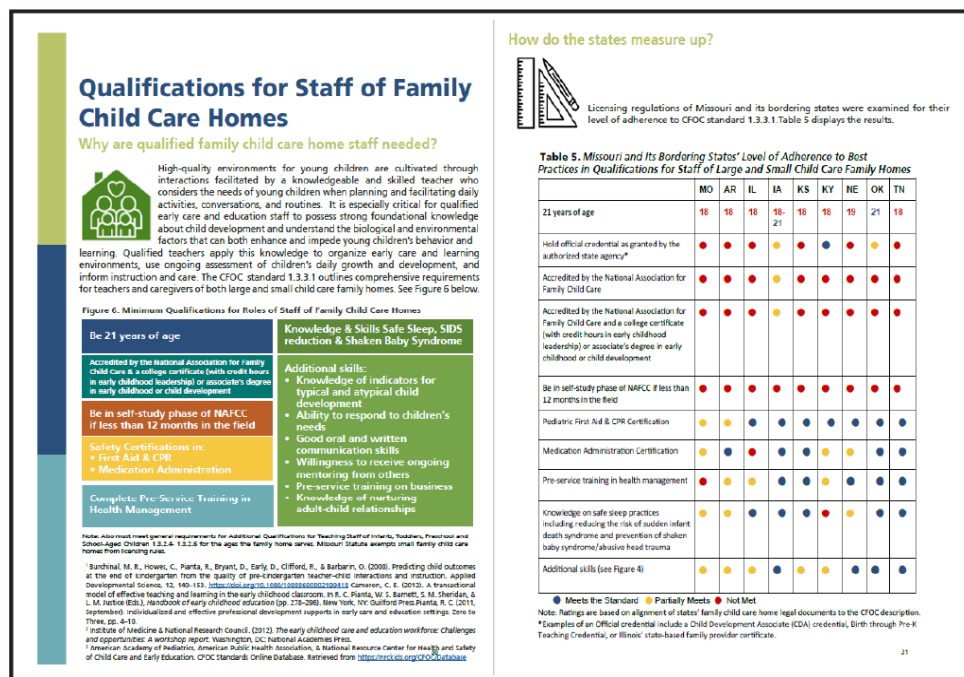
¹¹Leone, C., Jaykus, L., Cates, S. & Fraser, A. A review of state licensing regulations to determine alignment with best practices to prevent human norovirus infections in child-care centers. Public Health Reports, 131(3). Benjamin Neelon, S. E., Duncan, D. T., Burgoine, T., Mayhew, M., & Platt, A. (2015). Promoting breastfeeding in child care through state regulation. Maternal and child health journal, 19, 745-754.

Results

Taking all findings into account, results indicate that Missouri can improve on 29 licensing categories that reflect 38 CFOC standards and comprise 208 practices. Missouri ranks sixth in comparison to its eight bordering states for adhering to best practices in licensing regulations. Across the 40 licensing regulations categories reviewed, 25% percent of Missouri's licensing content areas almost meet the CFOC standards, 27.5% partially meet and 47.5% do not meet CFOC standards and practices

Overall Performance. [Appendix A Summary of Individual States' Alignment to Caring for Our Children Standards and Practices](#) presents the summary of states' cumulative rank, beginning with the states most in alignment to the CFOC standards. In addition to Table 1, each states' overall performance on the 40 identified licensing regulation categories is described in the [Summary Infographic](#). The results in the summary infographic are organized holistically with information to help stakeholders consider how to prioritize, determine resources and revise licensing regulations.

Results by Licensing Regulation Categories. Results across individual licensing categories provide stakeholders with a precise understanding of incremental improvements that can be made. These results are displayed in the following section which contains 40 Best Practice Profiles. Each Best Practice Profile is organized to describe the importance of the licensing practices, outline the CFOC standards and practices included in this review, and discuss how Missouri meets and can strengthen in each licensing category.



Best Practice Profile Example



Section I:

Early Care and Education Personnel Qualifications and Training Requirements





Ensuring a Qualified Early Care and Education Staff:

Introduction to Hiring Requirements and Training Structures

To ensure young children's safety and development, early care and education centers and homes need qualified and caring staff, including directors, teachers, assistants, aides, volunteers, and substitutes. These roles have specific requirements that increase with responsibility, including minimum job qualifications, background checks, health requirements, and initial training. Staff should also engage in ongoing annual continuing education to enhance their skills. This introduction outlines best practices for hiring and training requirements for directors and teaching staff in both large and small child care homes.

Background Screenings

To ensure children's health and safety, all potential employees and volunteers who will have contact with children in early care and education programs (including directors, teachers, cooks, transportation staff, substitute teachers, custodial staff, and others) must pass a background check. [The Staff Hiring Requirements--Background Screenings Best Practice Profile](#) discusses how Missouri and its neighboring states align with recommended practices for background screenings.

Minimum Qualifications

State regulations should clearly define each role—director, teacher, assistant, volunteer, etc.—with specific qualifications. These include age, education, prior experience, First Aid and CPR training, medication administration certification, and job-related skills like child development knowledge, effective communication, and the ability to work well with families. Each role needs its own set of minimum qualifications to meet job requirements. See Figure 2 on the following page which displays a comparison of qualifications for staff working directly with children and families across the roles of director, teacher, assistant, aide and volunteer.

Figure 2. Comparison of Qualifications for Staff Working Directly with Children and Families

Director	Lead Teacher/Teacher	Assistant, Aides & Volunteers
Be 21 years of age	Be 21 years of age	Be 18 years of age
Hold a bachelor's degree with emphasis in early education and development	Bachelor's degree or Associates and working towards a bachelor's	High School or GED
Three years Verified Teaching Experience	One Year Verified Teaching Experience	At least 50% working toward Child Development Associate or equivalent
Cleared Background Check	Cleared Background Check	Cleared Background Check
Certification in First Aid and CPR	Certification in First Aid and CPR	Additional skills related to taking care of children under staff supervision
Certification in Medication Administration	Certification in Medication Administration	
Additional Skills for managing staff, children and families	Additional Skills for supporting the developmental needs of children	

Missouri and its bordering states' alignment with the recommended regulatory practices for minimum qualifications for each position are presented in the following Best Practice Profiles:

- [Qualifications for Directors](#)
- [Qualifications for Teachers, Assistant Teachers, Aides and Volunteers](#)
- [Qualifications for Staff of Family Child Care Homes](#)

Health Hiring Requirements

In addition to meeting minimum qualifications associated with directing and teaching within an early care and education setting, staff working with children must also meet health requirements, such as being up-to-date on adult immunizations.

The recommended regulatory practices for health hiring requirements along with Missouri and its bordering states' current practices are discussed in the [Staff Hiring Requirements: Adult Health Practices Best Practice Profile](#).



Training Requirements And Structures

In addition to meeting minimum job qualifications, early care and education staff must meet training requirements at pre-employment, initial hiring, during the first year and annually. Required training hours and content covered vary according to the role. See Figure 3.

Figure 3. Training Structures for Directors and Staff of Early Care and Education Centers and Homes across Pre- and Ongoing Employment

				
	Pre-Employment	Initial First Year & Ongoing		
Directors	*Pre-Service Training & Safety Certifications		30 clock hours in first year	24 annual clock hours
** Staff of Centers & Large Child Care Homes	Safety Certifications	Orientation Training within first 3 months	30 clock hours in first year	24 annual clock hours
Staff of Small Family Child Care Homes	Safety Certifications	Orientation Training within first 3 months	30 annual clock hours	

Note:
 * 30 documented clock hours in addition to job qualifications upon employment. Some states refer to Director Orientation which is the same as the CFOC pre-service training requirement for Directors.
 ** All new full time, part-time staff, and substitutes

The following descriptions discuss pre-employment and ongoing training and education requirements.

Pre-Employment Safety Certifications

First Aid and CPR Training. Best practices in First Aid and CPR training call for all staff to be certified in pediatric life-saving skills upon working with children. Missouri and its bordering states' alignment with best practices in First Aid and CPR training requirements are discussed in [First Aid and CPR Training](#).

Medication Administration. Administering medication to children is necessary within early care and education settings but can be potentially and unknowingly harmful to children. That is why the Caring for Children standards resolve that all adults working with children and responsible for administering medication should complete a standardized training with an assessment leading to a training certificate. Missouri and its bordering states' alignment with best practices training for staff to administer medication is discussed in [Medication Administration](#).

Pre-Service Training. Managing a center or large child care home requires skills to effectively manage staff, curriculum for children, relationships with families and ensure building and facility safety. Directors must also be fully trained in licensing requirements and critical topics for keeping children and staff safe and healthy within early care and education settings. Best practices outline pre-service training requirements that directors must complete prior to working with children. Missouri and its bordering states' progress in meeting the standards for pre-service training are discussed in [Pre-Service Training Requirements for Directors](#).

Orientation Training. Newly hired staff must become familiar with and knowledgeable about the scope of licensing requirements in their state, as well as acquire the depth of understanding about child development and how to develop relationship-based caregiving and teaching strategies to optimize early learning environments. Missouri and its bordering states' progress in meeting the standards for orientation training are discussed in [Orientation Training](#).

Health and Safety Training Topics. Managing a center or home and working in a classroom environment with small children requires quick responses and vigilant awareness of children's individual needs. Also needed are knowledge and skills for over 35 topics addressing children's physical health; infection control; oral health; mental, social and emotional health; nutrition; physical activity; environmental health and safe environments. Missouri and its bordering states' progress in meeting the standards for health and safety training topics are discussed in [Health and Safety Training Topics](#).

Annual Continuing Education Requirements. All directors and teaching staff of early care education centers and homes should successfully complete at least 30 clock hours per year of continuing education in their first year of employment and 24 hours in their subsequent years. See Figure 1. Clock hours should address child development programming (16 hours) and child health, safety, and staff health (14 hours first year, 8 hours ongoing). Missouri and its bordering states' progress in meeting the standards annual continuing education requirements are discussed in [Annual Continuing Education Requirements](#).

Resources for each of these topics are located in each individual Best Practice Profile.



Qualifications for Directors

Why are qualified directors important in early care and education settings?



Directors are managers responsible for ensuring children develop and grow within safe, healthy and stimulating early care and education centers or homes. Directors oversee all program and business operations including the planning and implementation of fiscal, curricular and programmatic tasks on a daily and long-range basis. They must effectively manage, engage and mentor staff in working

with children and collaborating with stakeholders, such as parents, guardians, health consultants and community resources. Further, directors provide critical oversight and guidance for implementing and maintaining compliance with licensing requirements.

Becoming a qualified director requires a strong knowledge base and background in early childhood development. Qualified directors need sufficient management skills to support effective administration of a small business. Higher levels of education improves the professional skills adults need to promote children's growth and learning, which is especially important during the critical period of early brain development for developmental areas such as language, cognitive thinking, social skills and emotional regulation¹. Prior experience working as a teacher of young children contributes to acquiring the professional skills directors must apply in their day-to-day practices.

The Caring for Our Children² (CFOC) standard 1.3.1.1 General Qualifications for Directors describes the requirements for directors of centers or homes with fewer than sixty children, and includes five essential hiring qualification categories depicted in Figure 4.

The standard highlights program management skills reflective of a professional with the ability to design and implement age-appropriate curriculum and demonstrate strong oral and written communication skills.

Figure 4. Qualifications of Directors for Centers & Homes

Be 21 years of age

Hold a bachelor's degree with emphasis in early education & development

Three years teaching experience

Safety Certifications in:

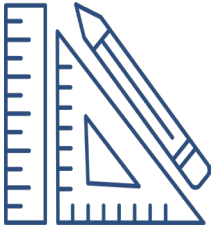
- ♦ First Aid & CPR
- ♦ Medication Administration
- ♦ Cleared Background Check

Skills for managing staff, children, and families

¹ Bueno, M., Darling-Hammond, L & Gonzales, D. (2010). A matter of degrees: preparing teachers for the pre-k classroom. PEW Center on the States

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Director qualifications in Missouri and its bordering states were assessed based on best practices from CFOC 1.3.1.1. Licensing regulations were reviewed for five main criteria: age, education in child-related and business courses, three years of verified experience with young children, required safety certifications, and director role-related skills. Additional documents or state websites were checked if needed to assign the ratings shown in Table 3.

Table 3. State's Level of Adherence to Director's Qualifications Categories

	Minimum Age of 21	Bachelor's Degree Minimum Level of Education	Verified Three Years Prior Work Experience	Safety Certifications	Director Role Related Skills
Iowa	●	●	●	●	●
Arkansas	●	●	●	●	●
Tennessee	●	●	●	●	●
Illinois	●	●	●	●	●
Kentucky	●	●	●	●	●
Oklahoma	●	●	●	●	●
Kansas	18	●	●	●	●
Missouri	18	●	●	●	●
Nebraska	19	●	●	●	●

● Meets the Standard ● Almost Meets ● Partially Meets ● Not Met/Needs Improvement

Note: CFOC 1.3.1.1 applies to all centers and large family child care homes enrolling fewer than 60 children. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Understanding States' Alignment to Best Practices

Large nuances in each state's approach to organizing director qualifications create a complex process when evaluating states' alignment to best practices. The following examples are useful in understanding how to interpret the results below.

- State regulations vary in the organization and distinction of education and experience requirements. For example, states organize criteria for education and experience by the type of center (i.e., Kentucky), the predominant age of children served (i.e., Illinois) or by the number of children enrolled (i.e., licensed capacity, Missouri and Kansas). In some states, levels of education criteria include too wide a range (i.e., from high school diploma to bachelor's degree). Yet Arkansas' regulations demonstrate a clear emphasis on child-related coursework, administrative training, and several years of verified experience.
- State regulations also vary in how and if there are clear, specific details of the skills needed to successfully carry out the director's role and duties (i.e., woven throughout general requirements or presented within a specific distinct section).
- State regulations vary in how the three critical safety certifications (i.e., First Aid and CPR Certification, cleared background check, and Medication Administration Certification) are addressed. States either include these explicitly, imply these requirements within other areas of their regulations, present unclear or vague language, or as is the case in Missouri, may not require a director to complete all of them.

How can Missouri improve?

Age 21

Age. Three states, Nebraska (age 19), **Missouri** (age 18) and Kansas (age 18) do not meet this requirement and should revise regulations to reflect best practices. Effective management of early care and education centers and homes requires mature, experienced and skilled directors. For example, taking all staff requirements into account, a center in **Missouri** could be managed by an 18 or 19 year old, with same aged teachers, assistant teachers, and aides at age 16 or lower. **Missouri** should make revising the director's age requirement a priority.



Education and Experience. **Missouri** and Kansas define director qualifications for education and experience based on the program's licensed capacity. However, the CFOC best practice standard applies to all centers and homes with 60 or fewer children. **Missouri** should review the CFOC practices and develop plans to improve director education and experience requirements. Learning from other states can help:

- Arkansas: Emphasizes child-related education and experience requirements not tied to licensed capacity.
- Iowa: Uses a formula of education and verified experience to ensure directors have strong child-related knowledge and skills.
- Illinois: Allows directors to be enrolled in child-related coursework while completing two years of college.

Most states include a Child Development Associate (CDA) as an initial education level for directors, which is important as the CDA is the nationally recognized entry credential for the early care and education profession.



Safety certifications. All states except Missouri “almost meet” the criteria for director safety certification requirements. States rated as “partially meets” either:

- Do not specify the director in each safety requirement, or
- Allow too long a time frame (e.g., three months) to obtain safety certifications.

Missouri can improve by clearly stating that directors must complete a background check, be certified in First Aid and CPR, and complete medication administration training before hiring or starting work in the facility.



Missouri can improve its regulations by clearly defining the roles and skills required for directors, teaching staff, assistants, and volunteers, rather than using general terms like “staff.” Kentucky’s regulations serve as a high-quality example of how to address these requirements



Lastly, all states need to improve director requirements. For example, Kansas, **Missouri**, and Nebraska can improve across several criteria, while for Iowa and Arkansas, there are small improvements needed. For others, revising regulations will feel like a hill to climb. Coordinated planning, development of infrastructure supports, and significant state investments will support improved regulations but more importantly will strengthen the early care and education workforce.

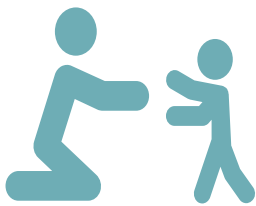
Resources

- [Appendix B. Summary of Current Requirements for Directors of Child Care Centers and Homes in Missouri and its Bordering States](#)
- [Appendix C Kentucky Director’s Credential Regulations](#)
- [Appendix D Oklahoma Director’s Credential Regulations](#)



Qualifications for Teachers, Assistant Teachers, Aides & Volunteers

Why are qualified staff needed in early care and education settings?



High-quality environments for young children are created through warm, responsive interactions by knowledgeable and skilled adults. In settings for infants, toddlers, and preschoolers, it is crucial for early care and education staff to have a strong understanding of child development and the factors affecting children's behavior and learning. Qualified teachers and staff¹ use this knowledge to organize learning environments, assess children's growth, and guide instruction².

Early care and education staff must be caring, responsive, and mindful of children's health and safety. They should plan daily activities that promote skill development, early brain development, and higher-order thinking skills³.

Educators with higher education levels generally provide better learning environments. Most national organizations recommend that lead teachers have at least a bachelor's degree in early childhood development. The Caring for Our Children⁴ (CFOC) standards 1.3.2.2 and 1.3.2.3 outline qualifications for lead teachers, assistant teachers, aides, and volunteers. Another standard, CFOC 1.5.0.1, emphasizes the need for substitutes, including volunteers, to meet these qualifications. These standards state that every child care program should always have at least one teacher with a bachelor's degree or working towards it. Figure 5 shows the minimum qualifications for lead teachers, teachers/caregivers, assistant teachers, aides, and volunteers.

¹ The related CFOC standard 1.5.0.1: Employment of Substitutes states substitutes should meet the same minimum qualifications as the role substituting for.

² Institute of Medicine & National Research Council. (2012). The early childhood care and education workforce: Challenges and opportunities: A workshop report. Washington, DC: National Academies Press.

³ Burchinal, M. R., Howes, C., Pianta, R., Bryant, D., Early, D., Clifford, R., & Barbarin, O. (2008). Predicting child outcomes at the end of kindergarten from the quality of pre-kindergarten teacher-child interactions and instruction. *Applied Developmental Science*, 12, 140–153. <https://doi.org/10.1080/10888690802199418>

Cameron, C. E. (2012). A transactional model of effective teaching and learning in the early childhood classroom. In R. C. Pianta, W. S. Barnett, S. M. Sheridan, & L. M. Justice (Eds.), *Handbook of early childhood education* (pp. 278–296). New York, NY: Guilford Press. Hamre, B. K., Pianta, R. C., Downer, J. T., DeCoster, J., Mashburn, A. J., Jones, S. M., ... Hamagami, A. (2013). Teaching through interactions: Testing a developmental framework of teachers effectiveness in over 4,000 classrooms. *The Elementary School Journal*, 113, 461–487. Retrieved from https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1005&context=psy_fac

Pianta, R. C. (2011, September). Individualized and effective professional development supports in early care and education settings. *Zero to Three*, pp. 4–10.

⁴ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Figure 5. Minimum Qualifications for Roles of Teacher/Caregiver, Assistant, Aide or Volunteer from CFOC 1.3.2.2 and 1.3.2.3

Lead Teacher/Teacher	Assistant Teachers, Aides, & Volunteers
Be 21 years of age	Be 21 years of age
Bachelor's degree or Associates and working towards a bachelor's	Bachelor's degree or Associates and working towards a bachelor's
One Year Experience	One Year Experience
Cleared Background Check	Cleared Background Check
Safety Certifications in: ♦ First Aid & CPR ♦ Medication Administration	Safety Certifications in: ♦ First Aid & CPR ♦ Medication Administration
Additional Skills for supporting the developmental needs of children	Additional Skills for supporting the developmental needs of children

Note: *The CFOC standards state: Assistant teachers, teacher aides and volunteers should work only under the continual supervision of the lead teacher/teacher., and should never be left alone with children. Volunteers should not be counted in child:staff ratio. (reference 1.3.2.2 Teachers/Caregivers and 1.3.2.3 Assistant Teachers/Aides/Volunteers). The standards for teacher qualifications are written for programs in Centers and Large Family Homes. Substitutes are to meet the requirements listed in 1.3.2.2 and 1.3.2.3 per CFOC 1.5.0.1.

How do the states measure up?



Licensing regulations of Missouri and its bordering states were examined for their level of adherence to CFOC standards 1.3.2.2 Qualifications of Lead Teachers and Teachers in centers and large family care homes, and 1.3.2.3 Qualifications of Teacher Assistants, Aides and Volunteers. Tables 4A and 4B display the results.

Table 4A. States' Level of Adherence to Teacher's Qualifications Categories

	Minimum Age of 21	Bachelor's Degree	One or More Verified Years Prior Work Experience	On the Job Training	Safety Certifications	Teacher Role Related Skills
Illinois	19	●	●	●	●	●
Kansas	19	●	●	●	●	●
Nebraska	18	●	●	●	●	●
Oklahoma	18	●	●	●	●	●
Tennessee	18	●	●	●	●	●
Arkansas	18	●	●	●	●	●
Iowa	18	●	●	●	●	●
Kentucky	18	●	●	●	●	●
Missouri	18	●	●	●	●	●

● Meets the Standard ● Almost Meets ● Partially Meets ● Not Met/Needs Improvement

Note: CFOC 1.3.2.2 applies to all centers and large family child care homes enrolling fewer than 60 children. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 4B. States' Level of Adherence to Qualifications for Other Staff (Assistant Teachers, Aides, Volunteers)

	Be 18 years of Age (*with supervision)			Education HS or GED	Structured Orientation Prior to Working with Children Training	Child-Related Education At least 50% Working Towards CDA	Skills for Taking Care of Children Additional Skills for Role
	Asst. Teacher	Aide	Volunteer				
Arkansas	16-17*	NA	16-17*	●	●	●	●
Illinois	18	14*	14*-18	●	●	●	●
Oklahoma	16*	NA	NA	●	●	●	●
Iowa	NA	16	16*	●	●	●	●
Missouri	NA	16-17	<i>Not same age as children taking care of</i>	●	●	●	●
Tennessee	NA	16*	NA	●	●	●	●
Nebraska	NA	16*	NA	●	●	●	●
Kansas	16	NA	14*	●	●	●	●
Kentucky	NA	18*	NA	NA	NA	●	●

Note: Ratings are based on alignment of states' Child Care Center legal documents to the CFC description.

NA means the state does not designate that position in its licensing regulations.

*indicates the staff member must be supervised at all times

Kentucky specifies student trainees and staff under 18 years of age are under the direct supervision of a qualified staff person who meets the staff qualifications and unless providing care with a qualified staff person, and a person under the age of 18 shall not be counted as staff for the staff-to-child ratio.

How can Missouri improve?

Age 21

Age. All states including **Missouri** currently must improve their minimum age requirements for lead teachers from 18 or 19 to 21 years of age.



Education and Experience. When assessing states' current requirements, ratings of "partially meets" were assigned if the education requirement included a Child Development Associate (CDA) or at least 30 college credit hours in child-related coursework. While all states need to improve their minimum qualifications for education and experience for teachers, Missouri currently has no education and experience requirements for teachers in early care and education centers and homes. Missouri has initiated efforts toward this requirement by promoting attainment of the national CDA credential for both clock and credit hours. To build on this, Missouri can collaborate with community colleges across the state to bolster CDA attainment via credit for credential or college credit options. Higher education institutions can offer credit for verified experience to individuals in a supervised teaching role, such as an assistant teacher, which will also be a helpful option to get Missouri started on the path towards improving teacher qualifications. It is important to note that the CFOC 1.3.2.2 also indicates that any early care and education setting should have at least one certified or licensed teacher who meets these qualifications to serve as a mentor teacher to others.



Safety certifications. Missouri needs to improve their criteria for teachers' safety certifications requirements. In general, states with a partially meets rating or less either required teachers to have one of the certifications or had a mix of meeting this standard such as by having only the topic as an orientation training component rather than requiring a standardized training with certification prior to working with children. Missouri can improve in this area by being clear that a teacher should complete First Aid and CPR training certification, and complete medication administration standardized training and certification prior to being hired or working in the facility.



Missouri can strengthen descriptions in their regulations that specify the role and subsequent skills teachers need to perform job-related duties prior to hiring, and should be clear on what is expected of teaching staff, assistants and volunteers, versus using general terms such as staff. Illinois includes a high-quality example of how other states could address this requirement. [See Appendix E](#)

Resources

- [Illinois Professional Development System ECE Credentials](#)
- [Appendix E: Example for Description of Roles & Related Additional Skills Required for Working With Children as an Assistant, Aide, Volunteer](#)

Qualifications for Staff of Family Child Care Homes

Why are qualified family child care home staff needed?



High-quality environments for young children are cultivated through interactions facilitated by a knowledgeable and skilled teacher who considers the needs of young children when planning and facilitating daily activities, conversations, and routines.¹ It is especially critical for qualified early care and education staff to possess strong foundational knowledge about child development and understand the biological and environmental factors that can both enhance and impede young children's behavior and learning.

Qualified teachers apply this knowledge to organize early care and learning environments, use ongoing assessment of children's daily growth and development, and inform instruction and care.² The CFOC³ standard 1.3.3.1 outlines comprehensive requirements for teachers and caregivers of both large and small child care family homes. See Figure 6 below.

Figure 6. Minimum Qualifications for Roles of Staff of Family Child Care Homes

Be 21 years of age	Knowledge & Skills of Safe Sleep, SIDS Reduction & Shaken Baby Syndrome
Accredited by the National Association for Family Child Care & a college certificate (with credit hours in early childhood leadership) or associate's degree in early childhood or child development	Additional skills:
Be in self-study phase of NAFCC if less than 12 months in the field	• Knowledge of indicators for typical and atypical child development • Ability to respond to children's needs • Good oral and written communication skills • Willingness to receive ongoing mentoring from others • Pre-service training on business • Knowledge of nurturing adult-child relationships
Safety Certifications in: ♦ First Aid & CPR ♦ Medication Administration	
Complete Pre-Service Training in Health Management	

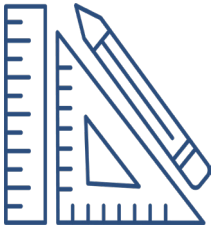
Note: Also must meet general requirements for Additional Qualifications for Teaching Staff of Infants, Toddlers, Preschool and School-Aged Children 1.3.2.4- 1.3.2.6 for the ages the family home serves. Missouri Statute exempts small family child care homes from licensing rules.

¹ Burchinal, M. R., Howes, C., Pianta, R., Bryant, D., Early, D., Clifford, R., & Barbarin, O. (2008). Predicting child outcomes at the end of kindergarten from the quality of pre-kindergarten teacher-child interactions and instruction. *Applied Developmental Science*, 12, 140–153. <https://doi.org/10.1080/10888690802199418> Cameron, C. E. (2012). A transactional model of effective teaching and learning in the early childhood classroom. In R. C. Pianta, W. S. Barnett, S. M. Sheridan, & L. M. Justice (Eds.), *Handbook of early childhood education* (pp. 278–296). New York, NY: Guilford Press. Pianta, R. C. (2011, September). Individualized and effective professional development supports in early care and education settings. *Zero to Three*, pp. 4–10.

² Institute of Medicine & National Research Council. (2012). *The early childhood care and education workforce: Challenges and opportunities: A workshop report*. Washington, DC: National Academies Press.

³ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations of Missouri and its bordering states were examined for their level of adherence to CFOC standard 1.3.3.1. Table 5 displays the results.

Table 5. Missouri and Its Bordering States' Level of Adherence to Best Practices in Qualifications for Staff of Large and Small Child Care Family Homes

	MO	AR	IL	IA	KS	KY	NE	OK	TN
21 years of age	18	18	18	18-21	18	18	19	21	18
Hold official credential as granted by the authorized state agency*	●	●	●	●	●	●	●	●	●
Accredited by the National Association for Family Child Care	●	●	●	●	●	●	●	●	●
Accredited by the National Association for Family Child Care and a college certificate (with credit hours in early childhood leadership) or associate's degree in early childhood or child development	●	●	●	●	●	●	●	●	●
Be in self-study phase of NAFCC if less than 12 months in the field	●	●	●	●	●	●	●	●	●
Pediatric First Aid & CPR Certification	●	●	●	●	●	●	●	●	●
Medication Administration Certification	●	●	●	●	●	●	●	●	●
Pre-service training in health management	●	●	●	●	●	●	●	●	●
Knowledge on safe sleep practices including reducing the risk of sudden infant death syndrome and prevention of shaken baby syndrome/abusive head trauma	●	●	●	●	●	●	●	●	●
Additional skills (see Figure 4)	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met

Note: Ratings are based on alignment of states' family child care home legal documents to the CFOC description.

*Examples of an official credential include a Child Development Associate (CDA) credential, Birth through Pre-K Teaching Credential, or Illinois' state based family provider certificate.

How can Missouri improve?

Age 21

Age. Missouri must improve their minimum age requirements for large and small family child care home staff members to be 21 years of age.



Education and Experience. Missouri, like almost all states, needs to improve its minimum formal education and training qualifications for individuals who provide education and care to children in small and large family group homes. Only Kentucky, Iowa and Oklahoma show evidence related to qualifications for staff working in small or large family child care homes. Iowa requires an option of either two years of verified experience or attainment of a CDA credential or a two- or four-year degree in a child care-related field and one year of experience as a registered or unregistered child care home provider. Iowa also includes specifications for pre-service training with the National Association for Family Child Care (NAFCC) or other professional associations. Oklahoma requires a state agency-sponsored credential.



Health and Safety Certifications and Training. Missouri can improve in this area by being clear that all staff should complete First Aid and CPR training certification, and that all staff should complete standardized medication administration training with certification prior to being hired or working in a large and small family care home. Missouri can also improve by including specifications for staff of family care homes to complete pre-service training in health management.



Missouri can strengthen descriptions in their regulations that specify the role-specific skills teachers and staff need to attain prior to working in small and large child care homes.

Resources

- [The National Association for Family Child Care Quality Standards for NAFCC Accreditation](#)
- [Child Care Aware. Staff Qualifications Checklist.](#)
- [Illinois Family Child Care Credential](#)



Staff Hiring Requirements: Background Screenings

Why are additional hiring requirements for staff important in early care and education settings?



To ensure the health and safety of children, adults working in early care and education settings must not have engaged in harmful behaviors. Background screenings at the start of the hiring process identify candidates who are unlikely to support children's health and safety, provide a safe environment, or prevent child maltreatment. Employers should interview and check references for all potential employees and volunteers, including teaching, food service, transportation, and custodial staff, as well as anyone

from other agencies providing direct services to children. Interviews help identify unsafe backgrounds and risk factors like drug use history. Reference checks verify work experience and check for any convictions, arrests, or court cases involving child maltreatment. Employers should ask specific questions or use a disclosure protocol to identify any harmful behavior that would disqualify individuals from working in an early care and education setting.

The Caring for Our Children¹ (CFOC) standard 1.2.0.2 Background Screening outlines best practices for conducting comprehensive background checks on potential employees before they work unsupervised with children in early care and education settings. The seven practices reviewed in this Best Practice Profile include:

- Background screenings should be conducted for all potential employees who may come in contact with children (e.g., teachers, cooks, substitutes, custodians, etc.).
- Interview potential employees regarding work and criminal history
- Employees must pass a background screening that includes:
 - a national FBI criminal history check with fingerprints
 - a state or tribal criminal history check with fingerprints
 - a search of the National Sex Offender Registry, and;
 - a search of the state's child abuse and neglect registry.
- Refusal to do the screening or falsifying history of maltreatment of children disqualifies staff from working with children

Licensing regulations from Missouri and its bordering states were reviewed for their level of adherence to best practices in staff hiring requirements for Background Screenings Table 6 on the following page displays the remaining results.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were reviewed for their level of adherence to best practices in staff hiring requirements for Background Screenings Table 6 displays the remaining results.

Table 6. Missouri and Its States' Level of Alignment to Best Practices in Background Screenings

CFOC Standards	MO	AR	IA	IL	KS	KY	NE	OK	TN
1.2.0.2 Background Screening									
Background screening on all hirees prior to working unsupervised with children	●	●	●	●	●	●	●	●	●
Interview Potential Employee for work experience and disclosure of history	●	●	●	●	●	●	●	●	●
National FBI criminal history check with fingerprints	●	●	●	●	●	●	●	●	●
A state or tribal criminal history check with fingerprints	●	●	●	●	●	●	●	●	●
A search of the National Sex Offender Registry	●	●	●	●	●	●	●	●	●
A search of the state's child abuse and neglect registry.	●	●	●	●	●	●	●	●	●
Refusing or falsifying history for the background screening	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center and Group Home legal documents to the CFOC description.

How can Missouri Improve?

Missouri's background screening regulations can improve by following best practices for conducting and documenting interviews and reference checks. Potential employees should be asked about their work experience and required to disclose any background experiences that may threaten children's well-being. For example, in Tennessee and Kentucky, staff complete a sworn disclosure form as part of the application process. (See Tennessee's Disclosure Form).

Resources

- [Kentucky Regulation for Background checks](#)
- [Tennessee Sample Registration/Criminal/Juvenile History & State Registry Review Disclosure Form](#)



Staff Hiring Requirements: Adult Health Practices

Why are additional hiring requirements for staff important in early care and education settings?



Working in an early care and education setting often requires staff members to lift young children off and onto equipment, sit on the floor or child-size furniture, respond swiftly during emergencies, hear and see at a distance for supervising on a playground, move quickly to supervise and assist young children, and be absent no more than a typical adult as to provide continuity of caregiving for the children they work with daily. To ensure the health and safety of children, it also is important that the adults working in early care and education settings are both healthy themselves and model appropriate health-related practices. State regulations provide important hiring practices that address these job demands and ensure staff are healthy and capable of meeting these requirements.

The Caring for Our Children¹ (CFOC) standards that address staff health hiring requirements include the following:

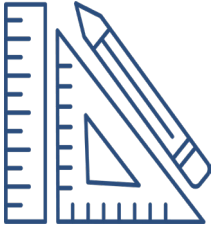
1.7.0.1. Pre-Employment and Ongoing Adult Health Appraisals, including Immunizations. All paid and unpaid staff should have a health appraisal before their work in the center or home begins. The health appraisal includes a physical and dental exam, vision and hearing screening, a review of any occupational health concerns that might impede one's ability to complete job related duties, a tuberculosis screening, and a review of up-to-date immunization status.

7.2.0.3 Immunizations of Staff. As also noted in CFOC 1.7.0.1, early care and education staff should be up to date on all recommended routine immunizations, as well as annual immunizations and boosters to protect children and adults from vaccine-preventable diseases. The comprehensive list of immunizations recommended for adults include influenza, tetanus, diphtheria, and pertussis (Tdap), varicella, measles, mumps, rubella, human papillomaviruses, shingles and COVID-19, among others as outlined in recommended adult immunization schedule (see Recommended Adult Immunization Schedule in the Resource section on page 3)

3.4.1.1 Use of Tobacco, Electronic Cigarettes, Alcohol and Drugs. Upon hiring, staff should also understand the effects of, and be discouraged from using tobacco, electronic cigarettes, vapor products, alcohol and drugs.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were reviewed for their level of adherence to best practices in staff health and hiring requirements included within these three CFOC standards. Please note that Dental, Vision and Hearing exams are not reported in the results for 1.7.0.1 as no state currently includes these in their hiring practices. Table 7 displays the remaining results.

Table 7. Missouri and Its States' Level of Regulatory Adherence to Best Practices in Staff Health Hiring Requirements

CFOC Standards	MO	AR	IA	IL	KS	KY	NE	OK	TN
1.7.0.1 Pre-Employment and Ongoing Adult Health Appraisals, Including Immunization									
• All paid/volunteer staff have health appraisal	●	●	●	●	●	●	●	●	●
• Physical exam	●	●	●	●	●	●	●	●	●
• TB testing	●	●	●	●	●	●	●	●	●
• Review of up-to-date immunization schedule	●	●	●	●	●	●	●	●	●
• Review of occupational health concerns	●	●	●	●	●	●	●	●	●
7.2.0.3 Immunization of Staff									
Staff are up-to-date on all recommended immunizations	●	●	●	●	●	●	●	●	●
Program maintains documentation of staff immunization	●	●	●	●	●	●	●	●	●
Staff provide written documentation for non-immunizations	●	●	●	●	●	●	●	●	●
3.4.1.1 Use of Tobacco, Electronic Cigarettes, Alcohol, and Drugs									
policies prohibit use of tobacco, cigarettes, alcohol and drugs	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description. The CFOC 1.7.0.1 also includes best practices to include a dental exam and vision and hearing screening for potential employees. No states currently have these additional exams included in their health hiring requirements.

How can Missouri Improve?

Currently, **Missouri's** health requirements for staff include completion of a [Medical Examination Report](#) to be reviewed and signed by a licensed health official that should be on file for all persons working in the center or home (including volunteers counted in child:staff ratios) within thirty days following employment. **Missouri's** regulations can be improved by ensuring the Medical Examination Report is completed prior to employment and on an ongoing basis as part of pre-employment and ongoing adult health appraisals.

Missouri focuses solely on tuberculosis testing. **Missouri** can improve by including specifications for documenting and keeping records of staff immunizations or staff members' exemption documentation. Such requirements should include that staff be up-to-date on all recommended immunizations, including annual vaccines. These improvements will strengthen **Missouri's** hiring practices related to staff and volunteers' health.



As mentioned above, no state includes the CFOC standard for pre-employment dental, vision and hearing exams. Relatedly, these CFOC requirements rely on a staff members' ability to pay for healthcare related services. It should be noted that the CFOC standard does include the following statement to recognize challenges in meeting these best practices: "Concern about the cost of health exams (particularly when many caregivers/teachers do not receive health benefits and earn minimum wage) is a barrier to meeting this standard." (<https://nrckids.org/CFOC/Database>)

Resources

Caring for Our Children Standards:

- [Child Care Staff Health Assessment](#)
- [Recommended Adult Immunization Schedule](#)



First Aid and CPR Certification

Why must all staff at a licensed center or home be certified in CPR and First Aid Training for infants and children?



Whether during indoor activities, while on the playground, during water play, mealtime, or naptime, early care and education staff must ensure all children are safe. Directors, teachers, assistant teachers and other staff must understand circumstances where increased and specialized supervision is required and watch for, and understand signs of potential injury and medical emergencies.

Child Care Aware® of America reports that child fatalities occurring in early care and education settings are most often due to violence, unintentional injury, drowning, motor vehicle crashes and other causes¹. Relatedly, children can drown in as little as two inches of water. All staff must be well prepared to administer proper first aid, and in the most difficult of circumstances, administer lifesaving CPR.

Taking steps to ensure a child care setting is effectively equipped with fully trained personnel to handle emergencies requires clear state regulations so that all staff members who provide direct care to children are properly trained and certified in pediatric first aid and CPR. In addition, facilities that have a body of water, pool or incorporate water play into program activities should also include CPR and first aid training related to water safety.

Two Caring for Our Children² (CFOC) standards, 1.4.3.1 First Aid and Cardiopulmonary Resuscitation Training for Staff and 1.4.3.3 Cardiopulmonary Resuscitation Training for Swimming and Water Play, recommend the following best practices:

- Ensure First Aid and CPR training regulations specify “pediatric” and include water safety training
- Ensure all staff members involved in direct care are certified in pediatric first aid and CPR
- Structure trainings with qualified instructors and with renewal cycles from a certifying organization such as American Heart Association
- Ensure programs document and implement pediatric first aid and CPR related policies and procedures as part of licensing compliance procedures
- Ensure that for swimming or water play activities, programs have at least one CPR-certified staff who should be counted in the child to staff ratio for all swimming and water play activities, who has also completed basic water safety training.

¹ Child Care Aware of America. (2014). Child fatalities and severe injuries in child care centers and family child care homes in America.

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were evaluated for pediatric First Aid and CPR Training. Most states almost or fully met the criteria described in the previous section that coordinates with standards 1.4.3.1 and 1.4.3.3. Results are reported in Table 8.

Table 8. Missouri and Its Bordering States' Level of Regulatory Adherence to Best Practice CFOC Standards on Licensing Requirements for First Aid and CPR Training

CFOC Standard	NA	Not Met	Partially Met	Almost There	Fully Met
1.4.3.1 First Aid and Cardiopulmonary Resuscitation Training for Staff			IA, KS	MO, AR, IL	KY, NE, OK, TN
1.4.3.3 Cardiopulmonary Resuscitation Training for Swimming and Water Play	KY ^a	IA ^b	KS		MO, AR, IL, NE, OK, TN

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description. ^aKentucky prohibits water play in large bodies of water, including pools, puddles, ponds, etc.

^bIowa requires all staff to complete First Aid and CPR Training within the first three months of employment, however there is no requirement related to water play, swimming or bodies of water.

How can Missouri Improve?

All states have regulations that address First Aid and CPR training for staff. However, not all states use "pediatric" in their regulations to clarify the focus of the First Aid and CPR training. When assigning ratings, researchers assumed licensees organize training for the ages of children served, as most certifying organizations provide age-appropriate training. The primary reason Missouri needs to improve is due to having First Aid and CPR training requirements that do not include all staff members responsible for direct care of children be trained.

For example, Missouri includes the following:

"The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one (1) caregiver at the facility for every twenty (20) children in the licensed capacity... At least one (1) caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present"

Taking Missouri's child:staff ratios and maximum group size (amount of children per classroom or given area) into account alongside Missouri's regulation statement above, not every classroom will necessarily be equipped with a staff member who is certified to respond with First Aid and CPR techniques in a life threatening situation.

Cardiopulmonary Resuscitation Training for Swimming & Water Play.

Most states, including Missouri, have regulations that specify at least one person or lifeguard is present when children are participating in swimming or water play activities. Oklahoma has exemplary language addressing this standard that includes specifications for the depth of water used in water play activities that must have water-safety trained personnel present. Kentucky's regulations prohibit the utilization of wading pools, bodies of water, and certain containers for water play, stating only containers for sensory water play may be used.



Resources

- American Red Cross: <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/water-safety.html>
- National Drowning Prevention Alliance offers a free resources for water safety at home, water safety for infants <https://ndpa.org/water-safety-resources/>



Pre-Service Training Requirements for Directors

What are the important considerations for training prior to working with children as the center director or lead of a family child care home?



Directors of early care and education centers and homes are responsible for all aspects of these settings. They must implement policies and practices to ensure a healthy, safe, and positive environment for children and staff. They need a broad skill set to help staff with daily routines and to respond to illnesses, emergencies, and other threats, while meeting the individual needs of children in age-appropriate ways.

The Caring for Our Children (CFOC) standards outline job qualifications, safety certifications, and hiring requirements that all staff must meet before and during employment. Besides these pre-employment requirements, organized training is essential to prepare directors for managing programs for children and families. This Best Practice Profile focuses on Pre-Service Training, which covers the necessary training directors must complete before starting work at an early care and education center or home.

CFOC Pre-Service Training 1.4.1.1 outlines that upon employment, a director or administrator of a center or the lead caregiver/teacher in a family child care home should provide documentation of at least 30 clock-hours of Pre-service Training that addresses 26 health, safety and child development topics. Thirteen of those topics are included in this review. The other 13 topics are outlined and reported on within the [Orientation Training Best Practice Profile](#).

How do the states measure up?



Licensing requirements from Missouri and its bordering states were evaluated for pediatric First Aid and CPR Training. Most states almost or fully met the criteria described in the previous section that coordinates with standards 1.4.3.1 and 1.4.3.3. Results are reported in Table 8.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

² Directors of small family child care homes may have up to ninety days to finalize pre-service training

Table 9. States' Level of Adherence to Best Practices in Training Topics for Directors' Pre-Service Training

1.4.1.1 CFOC Standard & Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
1.4.1.1 Pre-service Training for directors of centers and leads of family child care homes									
Know typical and atypical child development and appropriate best practice for a range of developmental and mental health needs including knowledge about the developmental stages for the ages of children enrolled in the facility.	●	●	●	●	●	●	●	●	●
Know positive ways to support language, cognitive, social, and emotional development including appropriate guidance and discipline.	●	●	●	●	●	●	●	●	●
Know how to develop relationships with families of children enrolled, including the resources to obtain supportive services for children's unique developmental needs.	●	●	●	●	●	●	●	●	●
Know how to access and use the U.S. Consumer Product Safety Commission (CPSC) product recall reports.	●	●	●	●	●	●	●	●	●
Manage staff occupational health and safety practices in accordance with Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations.	●	●	●	●	●	●	●	●	●
Manage nutrition guidelines and age-appropriate Child-feeding including food preparation, choking prevention, menu planning, and breastfeeding supportive practices.	●	●	●	●	●	●	●	●	●
Know how to implement age-appropriate physical activity and limit sedentary behaviors.	●	●	●	●	●	●	●	●	●
Know practices for prevention of childhood obesity and related chronic diseases.	●	●	●	●	●	●	●	●	●
Knowledge of environmental health issues for both children and staff.	●	●	●	●	●	●	●	●	●
Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities Act (ADA).	●	●	●	●	●	●	●	●	●
Strategies for implementing care plans for children with special health care needs and inclusion of all children in activities.	●	●	●	●	●	●	●	●	●
Know positive approaches to support diversity.	●	●	●	●	●	●	●	●	●
Know positive ways to promote physical and intellectual development.	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center and Group Home legal documents to the CFOC description.



How can Missouri Improve?

Missouri, like many of its bordering states, can improve in all or almost all aspects of the standard for Director's Pre-Service Training. Addressing the best practice recommendation for including 30-hours of training prior to employment could begin with a focus on the thirteen training topics listed above and by connecting the training to a required Director's credential with minimum and advancing levels. Also, aligning pre-service training topics and director qualifications would provide additional clarity. For example, the Nebraska Department of Health and Human Services (DHHS) provides a Pre-Service Training Guide that puts director qualifications, pre-service training requirements and a pre-service training plan template all in one place. See the training guide and additional resources below.

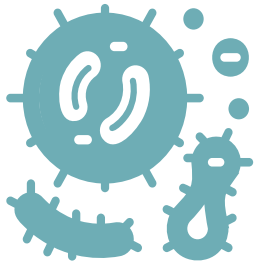
Resources

- [Nebraska's Child Care Director and Teacher Pre-Service Training Guide](#)
- [Oklahoma Director's Credential - Appendix C](#)



Orientation Training

What is new employee orientation training?



Young children often get sick, especially when first enrolled in early care and education settings¹. All staff, including directors, teachers, assistants, aides, and substitutes, must be able to recognize and document signs and symptoms of common illnesses to prevent the spread of disease². Staff should also be able to recognize and respond to injuries and follow procedures for documenting and communicating illness, injury, or emergencies with parents, guardians, and public health officials.

To equip new staff with essential skills and knowledge, they should complete 'Orientation Training' within the first few months of being hired. This training should cover proper hand hygiene, injury prevention, illness recognition, and emergency response to ensure they can meet state licensing requirements effectively. The Caring for Our Children³ (CFOC) standards 1.4.2.1 Initial Orientation of All Staff and 1.4.2.3 Orientation Topics outline the scope of Orientation Training that all staff must complete within the first three months of employment (see Figure 7).

Additional CFOC standards address the other types of training sequences staff should also complete prior to and while employed:

- Pre-Service Training
- First Aid and CPR Training
- Medication Administration Certification Training, and
- Annual Continuing Education

Additional topics related to creating healthy, safe and nurturing environments are addressed in each of these training aspects.



¹ American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Aronson SS, Shope TR, eds. 5th ed. Itasca, IL: American Academy of Pediatrics; 2020:3.

² Prevention and control of infectious disease. <https://www.cdc.gov/earlycare/infectious-diseases/index.html>

³ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Figure 7. Orientation Training that all staff must complete within the first three months of employment

Full and part time staff complete orientation within three months of employment

Before taking on tasks that involve identifying illness, staff should complete an orientation training

Signs, symptoms, response, and documentation procedures for illness and injury

Exclusion and readmission of ill children

Administering and documenting medication

Proper hand hygiene

Cleaning, sanitation, and disinfection

Notifying parents and public health officials about infectious disease occurrences

Unintentional injury, medical emergencies, and natural disasters

Injury prevention, inspection, and handling of hazardous equipment

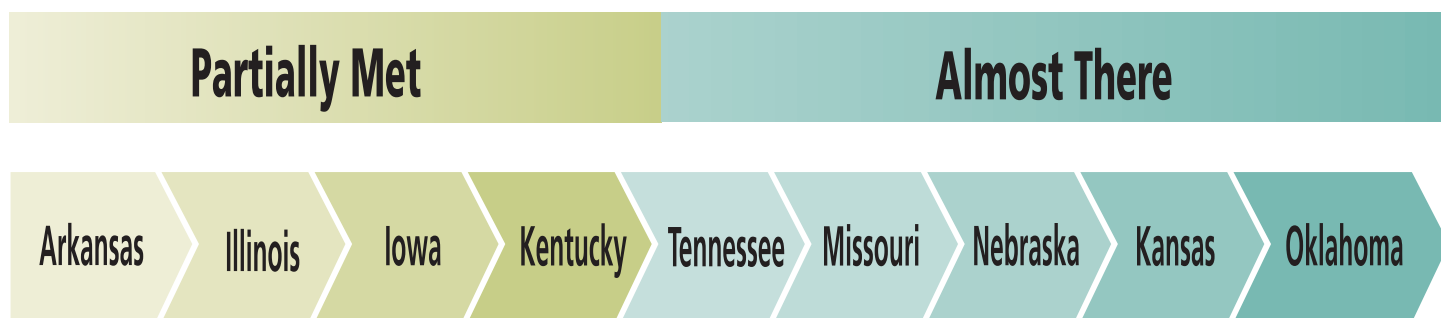
Accessing child care health consultant

How do the states measure up?



Licensing regulations from Missouri and its bordering states were evaluated for their scope of Orientation Training Topics as outlined in CFOC standard 1.4.2.3. One item, “accessing child care health consultant”, was not included in this review as Missouri and its bordering states may not currently have the infrastructure to provide health care consultant services. Results of states’ progress in meeting the CFOC 1.4.2.3 are depicted in Figure 8.

Figure 8. Missouri and its Bordering States' Alignment to Best Practices in Orientation Training



Examining Results

All states except Illinois ensure Orientation Training occurs during the first three months of employment. Illinois allows for Orientation Training to occur within the first year of employment, and only requires child abuse and neglect training within the first thirty days.

Oklahoma, Kansas, **Missouri**, and Nebraska are approaching alignment to the CFOC best practices for Orientation Training Topics as evidenced by the following:

- Their regulations embed a review of licensing regulations, policies and procedures within the Orientation Training.
- Their regulations or supporting documents and state websites include some specification of the health and safety topics covered in Orientation Training.
- Their licensing requirements specify to complete Orientation Training within the CFOC recommended time frame of at least within three months of hiring.

How can Missouri Improve?

Even with strides in approaching full alignment to CFOC 1.4.2.3, **Missouri** can still improve its Orientation Training regulations in two ways. First, it should clearly separate Orientation Training topics from other training types in its licensing regulations, like Child Abuse and Neglect, Medication Administration Certification, Pre-Service, and Continuing Education. Second, **Missouri** should enhance Orientation Training materials and resources to ensure practitioners effectively gain key knowledge.

Resources

- [Appendix H. Oklahoma Orientation Training Regulations Excerpt](#)
- [Appendix I. Nebraska Director Orientation Review](#)



Health and Safety Training Topics

Why is staff health and safety training important?



Families expect that early care and education programs provide a healthy and safe environment for their children. Achieving this requires staff who are knowledgeable and skilled in health and safety practices. Research shows a strong link between staff compliance with state child care regulations and their participation in ongoing health and safety training. Training is crucial, as children's health and safety can be compromised if staff do not follow proper infection control or keep hazardous objects out of reach.

The Caring for our Children (CFOC) Standard 2.4.2.1 includes 31 topics that should be included in early care and education staff health and safety training. These topics fall under the broader umbrellas of physical health, infection control, oral health, mental and social/emotional health, nutrition, and environmental health and a safe environment:

Physical Health

- Hearing, vision, and language problems
- Children with special health care needs
- Gaining access to community resources
- Tobacco use/smoking and e-cigarette use/vaping; marijuana use
- Safe medication administration
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Prevention of SIDS and use of safe sleep practices
- Recognition and reporting of child abuse and neglect

Infection Control

- Prevention and control of infectious diseases

Oral Health

- Proper infant feeding techniques
- Age-appropriate oral care

Mental & Social/Emotional Health

- Promoting health mind and brain development through child care
- Behavior/discipline
- Monitoring developmental abilities/potential delays
- Family/guardian mental health
- Staff mental health
- Child development

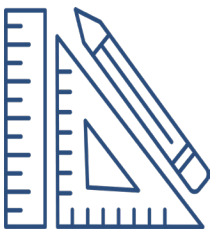
Nutrition

- Age-appropriate nutrition
- Lactation support
- Age-appropriate physical activity
- Outdoor play and learning

Environmental Health & Safe Environment

- Food safety/Prevention and response to emergencies due to food and allergic reactions
- Clean, healthy drinking water
- Healthy indoor and outdoor learning/play environments
- Safety/injury prevention
- Managing emergency situations
- Emergency preparedness and response planning
- Building and physical premises safety
- Safe use and storage of firearms
- Healthy air and good ventilation
- Safe storage of toxic substances

How do the states measure up?



Licensing requirements from Missouri and its bordering states were evaluated for their adherence to CFOC 2.4.2.1 which outlines the recommended health and safety training topics to be mandated in states' ongoing education and training for all early care and education staff. Results are displayed in Table 7b below.

Table 7b. States' Level of Adherence to 2.4.2.1 CFOC Standards on Licensing Requirements for Health and Safety Training Topics

Training Topics	MO	AR	IL	IA	KS	KY	NE	OK	TN
Physical Health	●	●	●	●	●	●	●	●	●
Infection Control	●	●	●	●	●	●	●	●	●
Oral Health	●	●	●	●	●	●	●	●	●
Mental, and Social and Emotional Health	●	●	●	●	●	●	●	●	●
Nutrition	●	●	●	●	●	●	●	●	●
Environmental Health and Safe Environment	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Additionally, some states specify that training plans should be developed and implemented based on a needs assessment, (e.g., to account for staff turnover or tenure in early care and education settings).

How can Missouri Improve?

Missouri can be better aligned with CFOC 2.4.2.1 by increasing specifications for current topics or adding additional required training topics for the following areas:

Physical Health

- Increase the specificity for medication administration certification training to ensure all staff complete in a timely manner.
- Add the following as required training topic: 1) Hearing, vision, and language problems; 2) Children with special health care needs; 3) Gaining access to community resources; 4) Tobacco use/smoking and e-cigarette use/vaping; marijuana use; 5) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Oral Health

- Add proper infant feeding techniques and age-appropriate oral care.

Mental, and Social and Emotional Health

- Increase the specificity for topics related to promoting health mind and brain development and monitoring developmental abilities/potential delays.
- Add topics for family/guardian and staff mental health.

Nutrition

- Increase clarity in topics for age-appropriate nutrition, physical activity and outdoor play
- Add training for lactation/breastfeeding support.

Environmental Health and Safe Environment

- Increase the specificity of topics for safety/injury prevention, emergency preparedness and managing emergency situations.
- Add topics for food safety, healthy drinking water, building safety, firearm safety, healthy ventilation, and safe storage of toxic substances.



Annual Continuing Education Requirements

What are the important considerations for annual ongoing education for early care and education staff?



Licensed early care and education settings must have a variety of policies to ensure healthy, safe, and positive environments for young children. Directors, teachers, assistants, and volunteers need a broad skill set to handle daily routines and respond to illnesses, emergencies, and other threats. Well-trained staff are better at preventing, recognizing, and addressing health and

safety issues and can meet children's individual needs in age-appropriate ways.

Beyond the general hiring and background requirements necessary to take on roles and responsibilities within an early care and education center or home, a variety of organized training experiences are essential to ensure that directors and teaching staff have the readiness skills and ongoing professional development required for continuous improvement.

The Caring for Our Children¹ (CFOC) standards define the types of training structures to be used to support initial and ongoing staff development, including: Orientation Training, Pre-Service Training for Directors, and Annual Continuing Education. This Best Practice profile addresses annual training requirements during the first and subsequent years of employment using the following CFOC best practices:

Continuing Education for Directors and Caregivers/Teachers in Centers and Large Family Child Care Homes (CFOC 1.4.4.1): All directors and teachers of centers and homes should complete annual continuing professional development training.

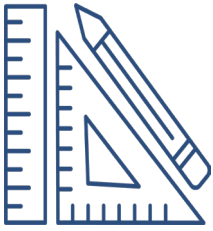
- ***In their first year of employment***, all directors and teachers should complete thirty required annual clock hours that include **16** clock hours of training in child development and **14** clock hours of training in child and staff health, and safety.
- ***In their second and subsequent years in their current program***, directors and teachers should complete **24** clock hours of training based on the individual needs of directors, teachers and children in the program. All training should lead to implementing enhanced skills as documented in assessments conducted by supervisors/directors.

Continuing Education for Small Family Child Care Homes (CFOC 1.4.4.2).

Small family child care home teachers should have at least **30** clock hours per year of continuing education in areas determined by self-assessment and, when possible, receive a performance review by a skilled mentor/peer reviewer. It should be noted that Missouri Statute exempts small family homes serving six or fewer children from licensing rules, including those related to training.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were examined for their level of adherence to best practices in initial training for directors and ongoing annual training for all staff. The CFOCs included in this review guided states' ratings. Results are presented in Table 10B and Table 10C.

Table 10B. States' Level of Adherence to Best Practices for Ongoing Training Requirements for All Staff of Centers and Large Family Child Care Homes

	MO	AR	IL	IA	KS	KY	NE	OK	TN
1.4.4.1 Continuing Education for Directors, Teachers, Caregivers									
Directors: 30 Clock hours in the first year of employment	12	15	13+	15	16	15	12	20-30*	24
Teachers: 30 Clock hours in the first year of employment	12	15	13+	15	16	15	12	12-20	12
Directors: 24 Clock hours AFTER first year of employment	12	15	8	15	16	15	12	20-30*	24
Teachers: 24 Clock hours AFTER first year of employment	12	15	6	15	16	15	12	12-20	12
Programs identify ongoing training based on needs assessment	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers and Large Family Child Care Homes.

Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

*Directors in Oklahoma are required by regulation to meet continuing professional development requirements to maintain at least 20 clock hours every 12 months per the Oklahoma Professional Development Ladder, and hours may increase per the Oklahoma Director's Credential levels.

Table 10C. States' Level of Adherence to Best Practices for Ongoing Training Requirements for Small Family Child Care Homes

CFOC	MO	AR	IL	IA	KS	KY	NE	OK	TN
1.4.4.2 30 Clock hours of continuing Education for Small Family Child Care Home Caregivers/ Teachers	12	15	12	15	16	9	12	12	*12 or 18

Note: All standards included in this table are applicable to Licensed Small Family Child Care Homes. Ratings are based on alignment of states' legal documents for child care homes to the CFOC description. *TN distinguishes primary educator and educator in the small child family home setting requiring 18 clock hours for primary and 12 clock hours for educator.

How can Missouri Improve?

Missouri, like many of its bordering states, can improve in all or almost all aspects of the standard for director and teaching staff initial and ongoing training. Addressing the best practice recommendation for including required clock hour training could begin with a focus on high-quality training on the important topics that all staff of early care and education centers and homes need to review and improve upon annually. Next, staff professional development plans should reflect a consideration of what individual directors and teachers need to know to best support the learning and development of the children they serve. Finally, to ensure that meaningful learning has taken place, all training should include pre- and post- assessments. Directors should mentor and support staff as they implement both the health and safety procedures they are learning about, as well as to support their growth in using developmentally appropriate methods and curriculum activities for infants, toddlers and preschoolers.

Resources

- [Appendix E. Oklahoma Professional Development Ladder](#)





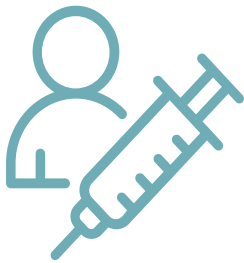
Section II:

Health Promotion Practices



Children's Immunizations

Why is it important to consider immunization requirements for children?



Young children in early care and education centers and homes are at higher risk of exposure to disease and illness¹. Preventing the spread of infectious diseases is crucial to maintaining safe and healthy environments.

Age-appropriate immunizations protect children and staff from disease. Programs must ensure that all enrolled children are up-to-date on immunizations and regularly review documentation to maintain compliance.

Programs should also have policies for staff training, implementation, documentation, and regular monitoring of disease prevention practices. Infants too young for immunizations or children not up-to-date pose a higher risk of spreading diseases².

Exemptions: While all states require immunizations for children in early care settings, some allow exemptions for religious and personal beliefs. Medical exemptions may also be granted if documented by a health provider.

Best Practices. This best practice profile addresses immunizations for children enrolled in early education and care settings based on the Caring for Our Children³ (CFOC) standards 7.2.0.1: Immunization Documentation for Children, 7.2.0.2: Unimmunized/ Underimmunized Children and 9.2.3.5: Documentation of Exemptions and Exclusion of Children Who Lack Immunizations. These standards collectively assert that parents or guardians must present proper documentation of their children's immunizations within two weeks of enrollment and that all centers and homes must meet state licensing and federal Child Care Development Fund requirements for documenting current age-appropriate immunizations of children in their programs¹.

How do the states measure up?



Licensing regulations from Missouri and its bordering states were evaluated for their level of adherence with best practices for documenting children's immunizations and immunization exemptions. **Table 11** displays the results.

¹ Immunize.org. (n.d.) Leading Medical Organizations Endorse Strong School and Childcare Vaccination Requirements and Elimination of Non-Medical Exemptions. <https://www.immunize.org/wp-content/uploads/catg.d/p2071.pdf>

² American Academy of Pediatrics. (2002). Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. Aronson SS, Shope TR, eds. 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.

³ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Table 11. Missouri and its Bordering States’ Level of Regulatory Adherence to Best Practices for Documenting Children’s Immunizations and Immunization Exemptions

CFOC Standard	Practices	Not Met	Partially Met	Fully Met
7.2.0.1 Immunization Documentation	Written documentation of age appropriate immunizations is documented at time of enrollment.		AR IL IA KS KY NE	OK TN MO
9.2.3.5 Documentation of Exemptions and Exclusion of Children Who Lack Immunizations	Within two weeks of enrollment, families provide documentation regarding the process for obtaining immunizations and/or document exemptions in a child's health record.	IL KS	MO AR IA KY NE TN	OK
	State regulations address requirements for homeless families to obtain documentation within a reasonable period of time.	MO AR IL KS KY NE		IA OK TN
7.2.0.2 Unimmunized Children	Exemptions: religious or documented medical exemptions; or delayed immunization schedule.			ALL

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states’ Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

Missouri fully meets the standard for Immunization Documentation as does Oklahoma and Tennessee. **Missouri**, like Arkansas, Iowa, Kentucky, Nebraska and Tennessee, can strengthen regulatory procedures for immunizations by including that families with children who require exemptions provide proper documentation for exemptions acquired within two weeks of enrollment, and that homeless families have a reasonable time period for acquisition and documentation of their child’s immunizations. Given that the schedule of immunizations and associated boosters varies across the early childhood, written policies for immunizations should also require updating children’s records at regular intervals.

Providing support to Homeless Families.

The CFOC standard 9.2.3.5 recommends that states address needs of vulnerable families. For example, “If more than one immunization is needed in a series, time should be allowed for the immunizations to be obtained at the appropriate intervals. Exemptions from the requirement related to compliance with the federal McKinney-Vento Homeless Assistance Act for children experiencing homelessness should be documented and include a plan for obtaining available documents within a reasonable period of time.”

Resources

- [Recommended Immunization Schedules for Persons aged 0 through 18 years](#)



Administering Medicine to Children

Why is training and policies for medication administration essential in the early care and education setting?



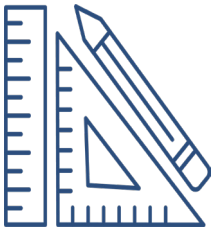
Young children in early care and education settings often experience illness. Medicines may be needed to ease a teething toddler's sore mouth or treat a preschooler's cough and cold symptoms. However, improper medication administration—such as giving the wrong medication, dosage, or timing—can have serious consequences. To prevent misuse and potential poisoning, it is essential to have policies, procedures, and training in place for staff in early care and education centers and homes.

The Caring for our Children (CFOC) standards 3.6.3.1, 3.6.3.2, and 3.6.3.3 cover medication administration, labeling, storage, disposal, and staff training. These standards give adults the knowledge needed to ensure proper medication practices. Key practices that early care and education staff should follow include:

- **Permission for Medication Administration.** Only administer prescription or nonprescription medications that are ordered by a health professional for a specific child and with written permission from the parents or guardians of that child.
- **Labeling & Instructions.** Medications should be labeled in their original container with the child's medical need, name, date filled, name of prescriber (if prescription), manufacturer's instructions, dosage and length of time to give the medicine. Relatedly, no folk medicines or homemade remedies should be given at the center or home.
- **Storage.** Store medication properly (i.e., completely stored away from children, stored using child-resistant caps, kept organized, away from food and at proper temperature)
- **Disposal.** Return unused medications to parents (or if that is not possible dispose according to USFDA guidelines)
- **Certified Training.** Perhaps most importantly, any adult giving medications should complete a standardized medication administration training from a licensed health professional (RN, APRN, MD, PA, Pharm) that includes skill and competency assessment in medication administration. The course should be repeated according to licensing regulations and at a minimum competency levels should be monitored annually.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Missouri and its bordering states' licensing regulations were assessed for their adherence to aspects of the Caring for Our Children standards 3.6.3.1 Medication Administration, 3.6.3.2 Labeling, Storage, and Disposal of Medications, and 3.6.3.3 Training of Caregivers/Teachers to Administer Medication. Table 12 displays the results.

Table 12. States' Level of Adherence to Best Practices for Administering Medicine to Children

CFOC Standard	Not Met	Partially Met	Fully Met
3.6.3.1 Medication Administration		MO AR IA IL KY NE	KS OK TN
3.6.3.2 Labeling, Storage, and Disposal of Medications		KY	MO AR IA IL KS NE OK TN
3.6.3.3 Training of Caregivers/Teachers to Administer Medication		MO AR IL KY	IA KS NE OK TN

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Making Improvements.

Missouri can improve in these standards by ensuring licensing regulations for medication administration include the following:

- Written parent permission is required in addition to including the health prescriber's name
- No prescription or non-prescription medication (over the counter) should be given to any child without written orders from a prescribing health professional and written permission from a parent/guardian.
- Staff giving medication should receive certified training in medication administration from a training created by a registered health professional.

Two related standards 9.4.2.6 Contents of Medication and 1.1.2.1 Director's Qualifications provide further guidance to Missouri for improving. Missouri can further improve regulations and their related practices by including rules that all directors complete certified medication administration training as they are the responsible managers and provide oversight for the ongoing education, training and supervision of early care and education staff.

Exemplary tools. Iowa has a clearly labeled website with up-to-date resources for supporting the implementation of best practices in medication administration that includes:

- Emergency Medication Authorization and Record
- Guidance for Controlled and Regulated Medication
- Medication Administration Skills Competency Training
- Medication Administration Skills Competency Course and Evaluation
- Medication Authorization and Record
- Non-medication Application of Topical Products Record

Resources

- [Medication administration website resources](#)
- Each state should include listings of local poison control centers at their child care licensing resource websites. For example, [Missouri Poison Control Center](#)



Prevention and Control of Infectious Disease

Why is prevention and control of infectious disease so critical in early education and care?



Young children in early care and education settings often get sick. Preventing and controlling infectious diseases is crucial to keeping these environments safe and healthy. Handwashing and other preventative measures are effective in protecting children, staff, and families from illness.

Programs need to ensure all staff are trained in key disease prevention and control strategies. Policies and procedures should clearly outline these practices according to state regulations. For example, proper handwashing techniques for staff and children are essential for maintaining safe environments. Staff should also be trained in general sanitation for cleaning surfaces, toys, equipment, and food preparation areas. They should complete blood-borne pathogen training and be familiar with the CDC's standard precautions for exposure to bodily fluids. The following six Caring for our Children¹ (CFOC) standards define the practices for preventing spread of disease:

3.2.2.1 Situations that Require Hand Hygiene

- Before and after: preparing food or beverages, eating, handling food or feeding a child, giving medication or applying medicine to skin, and playing in water used by more than one person
- After: diapering, using the toilet, handling bodily fluids, playing in the sand or outdoors, cleaning or handling garbage or applying lotions, sunscreen insect repellants, and toothbrushing

3.2.2.2 Handwashing Procedure

- Children and staff should wash hands with the specific, recommended steps

3.2.2.3 Assisting Children with Hand Hygiene

- Staff should provide children assistance with handwashing. Child-height sinks or safety steps will allow children to gain independence with this healthy habit.

3.2.2.5 Hand Sanitizers

- Children and staff should know the specific, recommended method for using hand sanitizers

3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting

- Programs should ensure cleaning, sanitizing and disinfecting methods by type of product

3.2.3.4 Prevention of Exposure to Blood and Body Fluids

- Programs must use CDC's standard precautions for blood and body fluid exposure

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations of Missouri and its bordering states were reviewed for their inclusion of best practices to prevent and control the spread of infectious disease. Results are displayed in **Table 13**.

Table 13. States' Level of Adherence to Licensing Regulations that address Prevention and Control of Infectious Disease

CFOC Standards	MO	AR	IL	IA	KS	KY	NE	OK	TN
3.2.2.1 Situations that Require Hand Hygiene	●	●	●	●	●	●	●	●	●
3.2.2.2 Handwashing Procedure	●	●	●	●	●	●	●	●	●
3.2.2.3 Assisting Children with Hand Hygiene	●	●	●	●	●	●	●	●	●
3.2.2.5 Hand Sanitizers	●	NA	NA	●	NA	●	●	●	NA
3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting	●	●	●	●	●	●	●	●	●
3.2.3.4 Prevention of Exposure to Blood and Body Fluids	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

Note: NA=Arkansas, Iowa, Kansas and Tennessee as these states do not allow for the use of hand sanitizers.

All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

Missouri's regulations incorporate many of the best practices that focus on prevention and control of infectious disease through proper procedures for hand washing. Additionally, three states (Missouri, Iowa and Kentucky) have auxiliary resources that comprehensively address health and sanitation guidelines:

- Iowa's [Care Centers and Preschools Licensing Standards and Procedures](#)
- Kentucky's [mandated 6 hour health and safety training that covers several health and safety topics](#), and
- Missouri's [Sanitation Inspection Guidelines for Licensed Group Child Care Homes, Licensed Child Care Centers and License-Exempt Child Care Facilities](#)

Blood and Bodily Fluids. Missouri, like all states but Oklahoma, can improve by making sure their regulatory procedures for prevention of exposure to blood and body fluids adopt the CDC's Standard Precautions to handle potential exposure to blood, including blood containing bodily fluids and tissue discharges, and to handle other potentially infectious fluids. Particularly, states should address that surfaces that may come into contact with potentially infectious body fluids be disposable or made of disinfectable material, and that bodily fluids or blood-contaminated materials are immediately cleaned, disinfected or properly disposed of.

Inclusion of Hand Sanitizers. Some states do not allow the use of hand sanitizers. Missouri and Nebraska need to determine specific procedures for using or include regulations that do not allow hand sanitizer use in early care and education settings.

Resources

- [CDC's guide to Hand Hygiene](#)
- [US Food and Drug Administration's list of hand sanitizers to NOT use](#)
- [Oklahoma's Appendix NN Cleaners, Sanitizers and Disinfectants](#)



Caring for Ill Children

What are the important considerations for caring for ill children within early care and education settings?



Children are very good at spreading and catching illnesses, partly because they put things in their mouths and have difficulty learning hygiene practices like covering their mouth when coughing or sneezing. Additionally, children might appear healthy when dropped off at care centers but show symptoms later.

To limit the spread of illnesses and support sick children, early care facilities should have practices for various illness situations. For example, children with allergies might not need to stay home, but those with highly contagious illnesses should stay home until a healthcare provider confirms they are no longer contagious.

The Caring for our Children¹(CFOC) Standards 3.1.1.1 Conduct of Daily Health Check and 3.6.1.1 Inclusion/Exclusion/Dismissal of Ill Children addresses these situations.

Conduct Of Daily Health Check

Staff conduct a daily health check upon child's arrival, including:

- Review of reported or observed illness or injury of child or family
- Review of child's behavior or appearance
- Evidence of skin rashes, impetigo, itching or scratching of the skin or scalp, or presence of one or more live crawling lice
- Temperature check if warranted
- Observation of other signs or symptoms (e.g., vomiting, diarrhea, pain, etc.)

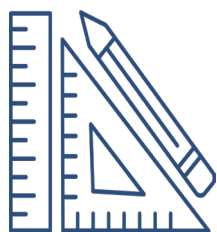
Policies and Procedures for Exclusion of Ill Children should include

- Under what circumstances children who become ill can remain in the facility
- When ill children should be sent home or temporarily excluded from other children until parents arrive
- At what point formerly ill children can return to the facility



¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were reviewed for their level of adherence to best practices for Caring for Ill Children (CFOC 3.1.1.1 and 3.6.1.1). Table 14 displays the results.

Table 14. Selected States' Level of Regulatory Adherence to Best Practice CFOC Standards on Licensing Requirements for Caring for Ill Children

CFOC Standard and Practices	MO	AR	IA	IL	KS	KY	NE	OK	TN
3.1.1.1 Conduct of Daily Health Check									
Staff conduct a daily health check upon child's arrival	●	●	●	●	●	●	●	●	●
Review of reported or observed illness or injury of child or family	●	●	●	●	●	●	●	●	●
Review of child's behavior or appearance	●	●	●	●	●	●	●	●	●
Skin rashes, impetigo, itching or scratching of the skin, scalp, or presence of one or more live crawling lice	●	●	●	●	●	●	●	●	●
Temperature check if warranted	●	●	●	●	●	●	●	●	●
Observation of other signs/symptoms (e.g., vomiting, diarrhea, pain)	●	●	●	●	●	●	●	●	●
3.6.1.1 Inclusion/Exclusion/Dismissal of Ill Children									
Policy and procedure for inclusion (when children can stay)	●	●	●	●	●	●	●	●	●
Policy and procedure for dismissal/exclusion	●	●	●	●	●	●	●	●	●
Policy and procedure for returning	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

Out of nine practices reviewed, **Missouri** needs improvement in only two areas. First, **Missouri's** licensing regulations should include that daily health checks should address reported or observed illness or injury affecting the child or family members since the last date of attendance. Additionally, **Missouri's** licensing regulations should specify that programs must have a policy and procedures for when and how children with documented illnesses return to the early care and education center or home.

Resources

- Review the CFOC 3.6.1.1 for comprehensive details and assistance related to illnesses requiring exclusion and for addressing Covid-19. This standard was updated in March 2024.
- T.R., Hashikawa, A.N. (2023). Managing Infectious Disease in Child Care and Schools: A Quick Reference Guide, 6th Edition. American Academy of Pediatrics.
- For programs that routinely offer care for ill children in a space designed for such care: Follow special procedures for giving this service, as defined in CFOC Standard 3.6.2.2 (<http://nrckids.org/CFOC>).



Nutrition and Meal Requirements

Why are the CACFP guidelines important in early care and education settings?



Young children in early care and education settings need meals and snacks that support their health and development. Sometimes, the facility provides all the food children eat each day. To support children's development, it's important not just to offer any available food but to consider each child's daily needs and ensure the food is suitable for young children.

The Child and Adult Care Food Program (CACFP) provides guidelines that facilities should follow to meet the nutritional needs of children up to age 12.

The Caring for our Children¹(CFOC) Standards 3.1.1.1 Conduct of Daily Health Check and 3.6.1.1 Inclusion/Exclusion/Dismissal of Ill Children addresses these situations.

According to the Caring for our Children (CFOC) standards, early care and education environments must support children's health with good nutrition and sanitation practices. The CFOC outlines best practices for nutrition and meal requirements in the following standards:

4.2.0.3 Use of US Department of Agriculture Child and Adult Care Food Program Guidelines

- All meals and snacks, as well as their preparation, service, and storage, should meet CACFP requirements.

4.2.0.8 Feeding Plans and Dietary Modifications

- The facility should obtain a written history that contains any specific nutrition or feeding needs for the child and review with parents.
- If modifications are indicated, caregivers/teachers should modify or supplement the child's diet to meet the individual child's specific needs.
- The written history of special nutrition or feeding needs should be used to develop individual feeding plans, and collectively, to develop facility menus.
- The feeding plan should include steps to take when a situation arises that requires rapid response by the staff (e.g., allergies, choking, etc.).

4.2.0.6 Availability of Drinking Water

- Clean, sanitary drinking water should be readily available and offered throughout the day in indoor and outdoor areas.
- Water should not be a substitute for milk at meals or snacks at which milk is a required food component unless recommended by the child's primary health care provider.
- Infants should receive plain water, especially in the first 6 months of life. Instead, they should receive milk or formula.
- Drinking fountains should be kept clean and sanitary and maintained to provide adequate drainage.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

4.2.0.4 Categories of Food

- Fruits: Whole fruit includes fresh, frozen, canned (packed in water or 100% fruit juice), and dried varieties that include good sources of potassium (e.g., bananas, dried plums)
- Vegetables: Dark green, red and orange, beans and peas (legumes), starchy vegetables, other vegetables
- Grains: Whole grains that contain the entire kernel (e.g., whole wheat flour, oatmeal, brown rice), as well as limited amounts of refined/enriched grains that have been milled, processed, and stripped of vital nutrients
- Protein foods, including food from animal (e.g., lean meat, poultry) and plant sources (e.g., soy products, nuts, seeds, cooked bean and peas)
- Dairy: fat-free or low-fat (1%) milk or soy milk

4.2.0.7 Limited servings 100% Fruit Juice (i.e., without added sugars)

- Fruit or vegetable juice may be served once per day during a scheduled meal or snack to children 12 months or older. All juices should be pasteurized and 100% juice without added sugars or sweeteners. Maximum serving size allowed is $\frac{1}{2}$ cup (ages 1-3), $\frac{1}{2}$ - $\frac{3}{4}$ cup (ages 4-6) and 1 cup (ages 7-18). Note: the ranges of juice servings are compatible with the recommended servings within CACFP guidelines.



How do the states measure up?



Licensing requirements, child care licensing state websites, and documents related to nutritional guidelines and policies from Missouri and its bordering states were evaluated for all components of nutrition and meal requirements outlined in the Caring for our Children (CFOC) 4.2.0.3 Use of US Department of Agriculture Child and Adult Care Food Program Guidelines, 4.2.0.8 Feeding Plans and Dietary Modifications, 4.2.0.6 Availability of Drinking Water. 4.2.0.4 Categories of Food and 4.2.0.7 100% Fruit Juice. Table 15 presents the results.

Table 15. States' Level of Adherence to Best Practices for Nutrition and Meal Requirements

CFOC Standards and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
4.2.0.3 Use of US Department of Agriculture Child and Adult Care Food Program Guidelines									
All meals and snacks and their preparation, service, and storage should meet US Department of Agriculture Child and Adult Care Food Program (CACFP).	●	●	●	●	●	●	●	●	●
4.2.0.8 Feeding Plans and Dietary Modifications									
The facility should obtain a written history that contains any special nutrition or feeding needs for the child and review with parents.	●	●	●	●	●	●	●	●	●
If modifications are indicated, staff should modify or supplement the child's diet to meet the individual child's specific needs.	●	●	●	●	●	●	●	●	●
The written history of special nutrition or feeding needs should be used to develop individual feeding plans and, collectively, to develop facility menus.	●	●	●	●	●	●	●	●	●
The feeding plan should include steps to take when a situation arises that requires rapid response by the staff (what to do in case of allergies, choking, etc).	●	●	●	●	●	●	●	●	●
4.2.0.6 Availability of Drinking Water									
Clean, sanitary drinking water should be readily available and offered throughout the day in indoor and outdoor areas.	●	●	●	●	●	●	●	●	●
Water should not be a substitute for milk at meals or snacks at which milk is a required food component unless recommended by the child's primary health care provider*.	●	NA	●	NA	●	NA	NA	NA	NA
Infants should receive milk or formula not water (using CACFP specifies milk).	●	●	●	●	●	●	●	●	●
Drinking fountains should be kept clean and sanitary and maintained to provide adequate drainage.**	●	NA	●	●	●	●	●	NA	●
Note: *The states with an NA rating for "water should not be a substitute for milk at meals" follow USDA and/or CACFP, both of which require milk to be served at every meal.									

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

**These "NA" states prohibit drinking fountains.

Table 12A. States’ Level of Adherence to Best Practices for Nutrition and Meal Requirements Continued

CFOC Standards and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
4.2.0.4 Categories of Food									
Fruits: Whole Fruit Includes fresh, frozen, canned (packed in water or 100% fruit juice), and dried varieties that include good sources of potassium (e.g., bananas, dried plums)	●	●	●	●	●	●	●	●	●
Vegetables: fresh, frozen, canned, and dried varieties: dark green, red and orange, beans and peas (legumes), starchy vegetables, and other vegetables	●	●	●	●	●	●	●	●	●
Grains: Whole Grains containing entire grain kernel (e.g., whole wheat flour, oatmeal, brown rice) and refined or enriched grains that have been milled, processed, and stripped of vital nutrients.	●	●	●	●	●	●	●	●	●
Protein Foods: Includes food from animal and plant sources (e.g., seafood, lean meat, poultry, eggs, yogurt, cheese, soy products, nuts and seeds, cooked [mature] beans and peas)	●	●	●	●	●	●	●	●	●
Dairy: Fat-free or low-fat (1%) milk or soy milk	●	●	●	●	●	●	●	●	●
4.2.0.7 100% Fruit Juice									
Fruit or vegetable juice may be served once per day during a scheduled meal or snack with an age-appropriate recommended serving.	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states’ Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

4.2.0.3 Use of US Department of Agriculture CACFP Guidelines

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, child care homes, and adult day care centers. Many of Missouri’s bordering states follow CACFP guidelines. CACFP is currently voluntary in Missouri, Illinois and Kansas. With a few minor tweaks in certain food areas (juice, specifying milk, etc.), Missouri can be CACFP compliant which will ensure that all children can benefit from increased nutrition guidelines even if the centers are not eligible for CACFP reimbursement.

4.2.0.8 Feeding Plans and Dietary Modifications

- Missouri requires an Infant Toddler Feeding and Care Plan for children ages birth to 24 months, which includes a section on allergies and special instructions for care. However, this plan only covers children under 24 months, meaning that not all children may receive an individual meal plan as recommended by best practices. Missouri should extend this feeding plan to include all ages.
- Missouri can include specifications for addressing anaphylaxis or choking due to food intake; currently Missouri's regulations include a general statement: "staff should respond to emergencies promptly and intelligently".
- Missouri can include that all children's individual nutritional needs should be taken into account to create facility menus.

4.2.0.6 Availability of Drinking Water

- Missouri can improve by adopting CACFP or adjusting current regulations to include the infant meal pattern, which is exclusively milk (e.g., breastmilk, formula, etc.) for the first 6 months.
- For drinking fountains, the Missouri Sanitation Guide was helpful but can be improved by specifying that drinking fountains need proper sanitation and drainage.

4.2.0.4 Categories of Food

- Missouri includes almost all of the practices for this standard. For dairy (i.e., milk) Missouri's regulations currently include the general term "fluid milk". If we consider the Missouri's CACFP program guide for the programs volunteering to participate in CACFP, the guide indicates breastmilk or iron fortified formula milk for every meal for infants and unflavored low fat milk or skim milk for children over 1 year (which meets the CFC practice). Applying this statement and adopting CACFP in all of Missouri's licensed programs will strengthen the practice of providing children over age 1 with fat-free, low-fat milk or soy milk.

4.2.0.7 100% Fruit Juice

- Missouri's regulations for nutrition include a food chart which organizes servings per food group per age group of children. Missouri needs to revise regulations and the chart to specify that full strength juice may be substituted for fruit or vegetable servings in only one snack or meal per day to ensure that sugar consumption stays the recommended amounts.

Resources

Caring for Our Children:

- [MyPlate: Make it Yours](#)
- [Choose MyPlate: 10 Tips to a Great Plate](#)
- Centers for Disease Control and Prevention. [Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings](#)



Food Safety Precautions

How should early care and education facilities handle food to promote children's safety?



In some early care and education settings, parents provide all of the bottles or food that children consume on a daily basis while participating in the program. However, in other settings - and especially those that participate in the federal Child and Adult Care Food Program (CACFP) - the facility may be responsible for purchasing, preparing, and/or serving bottles of prepared formula, meals, and snacks. To help keep children healthy and safe, these facilities therefore also need to be aware of an array of food preparation issues that can inadvertently cause harm to young children.

The six Caring for our Children¹ (CFOC) standards included in this review, collectively outline food handling practices for preparing and consuming food and beverages:



- To prevent accidental scalding or burning, all hot liquids over 120 degrees, whether in coffee pots or crock pots with dangling electrical cords, or in adults' individual coffee mugs, should be kept out of the care area and out of reach of children (CFOC 4.5.0.9).
- To prevent choking, children under age 4 should not be offered hard (e.g., carrots) or slippery (e.g., hot dog chunks) foods that children may swallow whole. Food for infants should be cut into pieces that are no larger than ¼" (CFOC 4.5.0.10).
- To avoid the risk of food contamination and injury to children, the food preparation area should be separate from the eating, play, laundry, toilet, and bathroom areas. Children should never be in the facility's kitchen unless directly supervised by an adult (CFOC 4.8.0.1).
- Food service surfaces and equipment should be in good repair and made of a nonporous material that is kept clean and sanitized. All kitchen equipment should be maintained in operable condition (CFOC 4.8.0.3).
- Staff with signs or symptoms of illness should be excluded from preparing or handling food. In addition, the staff who change diapers should only handle food for the infants and toddlers in their group after carefully washing their hands (CFOC 4.9.0.2).

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Facilities should take precautions for a safe food supply by:

- Not using home-canned foods or from cans that are dented, rusted, bulging, leaking, or unlabeled;
- Inspecting food daily for spoilage or signs of mold;
- Only serving meat from government-inspected sources or approved by the governing health authority;
- Serving dairy products that are pasteurized and Grade A where applicable (and not serving raw, unpasteurized milk, milk products, or fruit juices, as well as raw or undercooked eggs);
- Serving children 12 -24 months human milk, formula, whole milk, or 2% milk;
- Refrigerating or freezing meat, fish, poultry, milk, and egg products until immediately before use;
- Defrosting frozen foods in the refrigerator, under cold running water, as part of the cooking process, or (with the exception of breast milk) using the defrost setting of a microwave. Frozen foods should not be defrosted by leaving them at room temperature or standing in water that is not at refrigerator temperature;
- Thoroughly washing all fruits and vegetables prior to use;
- Promptly serving food after preparation or cooking, or maintained at temperatures not less than 135 degrees for hot foods and no more than 41 degrees for cold foods;
- Covering, dating, and refrigerating or freezing all opened, not-served moist foods;
- Holding fully cooked and ready-to-serve hot foods for no more than 30 mins.;
- Substituting pasteurized eggs or egg products for raw eggs in foods such as Caesar salad, mayonnaise, meringue, eggnog, and ice cream;
- Fully cooking raw animal foods (CFOC 4.9.0.3).



How do the states measure up?



Licensing regulations from Missouri and its bordering states were evaluated for their level of adherence to several CFOC standards that comprise best practices in food safety precautions (i.e., 4.5.0.9 Hot Foods/Liquids; 4.5.0.10 Foods that are Choking Hazards; 4.8.0.1 Food Preparation Area; 4.8.0.3. Maintenance of Food Service Surfaces and Equipment; 4.9.0.2 Staff Restricted from Food Preparation and Handling; and, 4.9.0.3 Precautions for Safe Food Supply). Table 16 displays the results.

Table 16. States' Level of Adherence to Best Practices for Food Safety Precautions

		States' Level of Adherence		
		Not Yet	Partially Meets	Fully Meets
CFOC Standard				
4.5.0.9	Hot Liquids and Foods	MO AR IL KS KY NE	IA OK TN	
4.5.0.10	Foods that are Choking Hazards	MO KS KY NE	AR IA IL	OK TN
4.8.0.1	Food Preparation Area	AR TN	IA IL KY NE OK	MO KS
4.8.0.3	Maintenance of Food Service Surfaces and Equipment		MO AR IA IL KS TN	KY NE OK
4.9.0.2	Staff Restricted from Food Preparation and Handling	AR KS NE TN	IA IL OK	MO KY
4.9.0.3	Precautions for a Safe Food Supply		MO AR IL KS KY NE TN	IA OK

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

4.5.0.9 Hot Liquids and Foods. Hot liquids are a threat to children's safety and well being as the most common burn-related hospitalizations in children have been caused from a scald burn . Missouri needs to include regulations that specify practices outlined in 4.5.0.9 to protect children from unintentional burns related to hot liquids.

4.5.0.10 Foods that are Choking Hazards. Missouri can improve its regulations by including specifications that staff should not offer children under four any foods that are associated with young children's choking incidents (i.e., food that is round, hard, thick and sticky, compressible or dense, or slippery such as hot dogs and meat sticks--either whole or round, round carrots, whole grapes, hard candy, nuts, popcorn, peanuts, marshmallows, etc.). Missouri's Infant and Toddler Feeding Care plan can be expanded to include documentation of any choking hazards the individual child may have experienced.

4.8.0.3 Maintenance of Food Service Surfaces and Equipment and 4.9.0.3 Precautions for a Safe Food Supply. Missouri's Bureau of Child Care Sanitation Inspection Guidelines for Licensed Group Child Care Homes, Licensed Child Care Centers and License-Exempt Child Care Facilities is a valuable document to help early care and education programs understand requirements for sanitation. This guide, intended to help programs prior to annual sanitation inspections, was used in assessing Missouri's practices for sanitation including practices for handwashing, using gloves, prohibiting sick personnel from preparing food, and keeping diaper changing areas separate. Missouri can still improve their regulations for sanitation and food supply storage however by specifying procedures for safe food supply and guidelines for thawing breast milk. Missouri has general guidelines for thawing food but does not specify procedures for thawing breastmilk which is important for practices Infant Toddler teachers should use to ensure the safety of infants and young children. Refer to the Best Practice Profile for Feeding Infants and Toddlers for additional information regarding preparing and storing infant formula and breastmilk.

Resources

- [Gloving](#)
- [Routine Schedule for Cleaning, Sanitizing and Disinfecting](#)
- [Recommended Minimum Safe Internal Cooking Temperatures](#)
- [Food Storage Chart](#)
- [Food Service Cleaning Schedule](#)



Physical Activity



Healthy physical activity habits are formed early in life. Staff at early care and education centers can positively influence children's mental and physical health by prioritizing active play every day¹. With rising concerns about childhood obesity, regular physical play is essential. Spending time outdoors in safe green spaces and playgrounds supports children's healthy development and mental health.²

Healthy physical activity habits are formed early in life. Staff at early care and education centers can positively influence children's mental and physical health by prioritizing active play every day. With rising concerns about childhood obesity, regular physical play is essential. Spending time outdoors in safe green spaces and playgrounds supports children's healthy development and mental health.²

Integrating physical activity into daily routines can improve children's cognitive and behavioral functioning, self-regulation, attention, social skills, and communication³. The National Scientific Council on the Developing Child (2023) suggests that civic leaders, businesses, and governments work together to create safe, healthy environments for children in all communities, as these environments greatly influence child development.

What are best practices for active play? When combined the Caring for Our Children⁴ (CFOC) standards 3.1.3.2 Playing Outdoors and 3.1.3.1 and Active Opportunities for Physical Activity provide a comprehensive understanding of physical activity that directors, teachers and other staff of early care and education centers and homes must provide for children. Notable practices include:

- Children should play outdoors as long as outdoor conditions permit safe play.
- Children should be protected from adverse weather conditions by having appropriate clothing.
- The outdoor play environment should be free of environmental hazards such as unsafe drinking water, noise pollution or lead in the soil, etc.
- Children should have daily physical activity for at least 2-3 times a day with a minimum of 60-90 minutes for Toddlers and 90-120 minutes daily for preschool aged children. During warm weather, children should have access to drinking water.
- Structured activities like games are useful to encourage children's active play.
- When awake, infants require regular, supervised 3-5 minutes of tummy time with an interactive teacher who ensures the activity is enjoyable to the infant. Infants should have appropriate movement opportunities frequently so as to not be seated for more than 15 minute periods at a time.

¹ Temple M, Robinson JC. A systematic review of interventions to promote physical activity in the preschool setting. *J Spec Pediatr Nurs* 2014;19:274–284.

² National Scientific Council on the Developing Child. (2023). Place matters: The environment we create shapes the foundations of healthy development: working paper no. 16. Retrieved from www.developingchild.harvard.edu

³ Crooks, C., Bax, K., Delaney, A., Kim, H. & Shokoohi, M. (2020). Impact of MindUP among young children: Improvements in behavioral problems, adaptive skills, and executive functioning. *Mindfulness*, 11, 2433-2444. <https://doi.org/10.1007/s12671-020-01460-0>

⁴ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were assessed for their level of adherence to best practices for physical activity according to the CFOC standards 3.1.3.2 and 3.1.3.1. Table 17 displays the results.

Table 17. States’ Level of Adherence to Best Practices for Physical Activity

CFOC Standards	States’ Level of Adherence			
	Not Yet	Partially Meets	Almost There	Fully Meets
3.1.3.2 Playing Outdoors				
• Weather conditions are taken into account • Sunny weather protection • Access to drinking water in warm temperature • Appropriate clothing for warm and cold weather alike • Hazard-free play areas		AR IA MO KS KY	TN	IL NE OK
3.1.3.1 Active Opportunities for Physical Activity				
• Daily physical activity and outdoor play • For periods of 2-3 times per day • Minimum minutes recommended for toddlers (60-90) and preschoolers (90-120) per day • Tummy time and appropriate movement for infants	NE	IA OK KS AR	KY IL MO	TN

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states’ Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

Although partially meeting standard 3.1.3.2 regarding outdoor play and almost fully meeting the requirements for physical activity opportunities in standard 3.1.3.1, **Missouri** can improve regulations to support children's physical activity in several key ways. **Missouri** can include clear specifications to ensure staff of early care and education centers support children's outdoor play in cold and warm weather with the appropriate clothing. **Missouri** should also address protection from sun exposure in their regulations for outdoor play. **Missouri** can make additional improvements by requiring the recommendations for active play to occur across the daily schedule for up to 2 to 3 times per day.

[Tennessee's regulations for physical activity](#) are exemplary and could assist other states in determining how to strengthen regulations for children's physical activity.

Resources

- [SHAPE America's Active Start for Young Children](#)
- Staake, J. (2021). Everything you need to know about setting up a school sensory path. <https://www.weareteachers.com/sensory-path/>
- [CFOC Resource: Physical Activity How Much Is Needed?](#)





Section III:

Creating a High-Quality Early Care and Education Program



Content of Policies in State Licensing Regulations



Statutes or codes are laws created by legislative bodies to direct regulations. Regulations are rules that supplement these laws and are written by agencies detailing how to implement the laws. Statutes typically mandate policies and procedures on behalf of an agency to help the agency enforce compliance with the statutory requirements. Written policies help implement and communicate the regulations so they are clearly known to all stakeholders. Policies also help programs know how to comply with regulations and communicate the important requirements to stakeholders such as parents.

If regulations for licensed child care programs are to reflect best practices, states also must indicate in statutes or regulations the important policies and procedures required to operate an early care and education center or home. Otherwise, written policies will be lacking, as will communication of essential procedures.

The Caring for Our Children Standards¹ (CFOC) provides best practices for licensed child care programs. CFOC 9.2.1.1 outlines the array of comprehensive policies that are necessary for addressing the developmental and special health care needs of children of different ages and abilities served by the facility, as well as other critical services and procedures for ensuring children's safety and well-being. This Best Practice Profile highlights the extent to which Missouri and its bordering states include foundational policies for all of the content areas outlined in Tables 18A and 18B.

Note: The practices associated with each policy content area are discussed within their respective Best Practice Profiles. In some instances, states may or may not include directives for both written policy statements and procedures.



¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Table 18A Missouri and Its Bordering States' Level of Alignment with CFOC
9.2.1.1 Contents of Policies for Child Care Centers

Content Policy Area	MO	AR	IL	IA	KS	KY	NE	OK	TN
Admissions criteria, enrollment procedures, and daily sign-in/sign-out policies, including authorized individuals for pick-up and allowing parent/guardian access whenever their child is in care	●	●	●	●	●	●	●	●	●
Inclusion of children with special health care needs	●	●	●	●	●	●	●	●	●
Nondiscrimination	●	●	●	●	●	●	●	●	●
Payment of fees, deposits, and refunds	●	●	●	●	●	●	●	●	●
Termination of enrollment and parent/guardian notification of termination	●	●	●	●	●	●	●	●	●
Supervision	●	●	●	●	●	●	●	●	●
Staffing, including caregivers/ teachers, the use of volunteers, helpers, or substitute caregivers/ teachers, and deployment of staff for different activities	●	●	●	●	●	●	●	●	●
A statement of principles informs a written comprehensive planned program	●	●	●	●	●	●	●	●	●
Discipline	●	●	●	●	●	●	●	●	●
Methods and schedules for conferences or other methods of communication between parents/guardians and staff	●	●	●	●	●	●	●	●	●
Care of children and staff who are ill	●	●	●	●	●	●	●	●	●
Temporary exclusion for children and staff who are ill and alternative care for children who are ill	●	●	●	●	●	●	●	●	●
Health assessments and immunizations	●	●	●	●	●	●	●	●	●
Handling urgent medical care or threatening incidents	●	●	●	●	●	●	●	●	●
Medication administration	●	●	●	●	●	●	●	●	●
Use of child care health consultants and education and mental health consultants	●	●	●	●	●	●	●	●	●
Plan for health promotion and prevention (e.g., tracking routine child health care, health consultation, health education for children/staff/families, oral health, sun safety, safety surveillance, preventing obesity, etc.)	●	●	●	●	●	●	●	●	●

● Fully meet Policy and/or written plans are explicitly included in the regulations

● Partially meet Procedures are Included in the regulations

● Not yet/No policy or plan is included in the regulation

Note: Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 18A Missouri and Its Bordering States' Level of Alignment with CFOC
9.2.1.1 Contents of Policies for Child Care Centers

Content Policy Area	MO	AR	IL	IA	KS	KY	NE	OK	TN
Disasters, emergency plan and drills, evacuation plan, and alternative shelter arrangements	●	●	●	●	●	●	●	●	●
Security	●	●	●	●	●	●	●	●	●
Confidentiality of records	●	●	●	●	●	●	●	●	●
Transportation and field trips	●	●	●	●	●	●	●	●	●
Physical activity (both outdoors and when children are kept indoors), play areas, screen time, and outdoor play policy	●	●	●	●	●	●	●	●	●
Sleeping, safe sleep policy, areas used for sleeping/ napping, sleep equipment, and bed linen	●	●	●	●	●	●	●	●	●
Sanitation and hygiene	●	●	●	●	●	●	●	●	●
Facility Insurance Coverage; Injury insurance on children; Liability insurance; Vehicle insurance on any vehicle owned or leased by the facility and used to transport children; Property insurance.	●	●	●	●	●	●	●	●	●
Overnight care	●	●	●	●	●	●	●	●	●
Prohibiting Smoking, Tobacco, Alcohol, Illegal Drugs, and Toxic Substances	●	●	●	●	●	●	●	●	●
Documentation of parent/guardian notification of injury, illness, or death in program	●	●	●	●	●	●	●	●	●

● Fully meet Policy and/or written plans are explicitly included in the regulations

● Partially meet Procedures are Included in the regulations

● Not yet/No policy or plan is included in the regulation

Note: Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 18B. Content of Policies to be included in child care regulations
CFOC 9.2.1.1 Contents of Policies for Family Child Care Centers

Content Policy Area	MO	AR	IL	IA	KS	KY	NE	OK	TN
Admissions criteria, enrollment procedures, and daily sign -in/sign-out policies, including authorized individuals for pick-up and allowing parent/guardian access whenever their child is in care	●	●	●	●	●	●	●	●	●
Inclusion of children with special health care needs	●	●	●	●	●	●	●	●	●
Nondiscrimination	●	●	●	●	●	●	●	●	●
Payment of fees, deposits, and refunds	●	●	●	●	●	●	●	●	●
Termination of enrollment and parent/guardian notification of termination	●	●	●	●	●	●	●	●	●
Supervision	●	●	●	●	●	●	●	●	●
Staffing, including caregivers/teachers, the use of volunteers, helpers, or substitute caregivers/teachers, and deployment of staff for different activities	●	●	●	●	●	●	●	●	●
A written comprehensive and coordinated planned program <u>based on a statement of principles</u>	●	●	●	●	●	●	●	●	●
Discipline	●	●	●	●	●	●	●	●	●
Methods and schedules for conferences or other methods of communication between parents/guardians and staff	●	●	●	●	●	●	●	●	●
Care of children and staff who are ill	●	●	●	●	●	●	●	●	●
Temporary exclusion for children and staff who are ill and alternative care for children who are ill	●	●	●	●	●	●	●	●	●
Health assessments and immunizations	●	●	●	●	●	●	●	●	●
Handling urgent medical care or threatening incidents	●	●	●	●	●	●	●	●	●
Medication administration	●	●	●	●	●	●	●	●	●
Use of child care health consultants and education and mental health consultants	●	●	●	●	●	●	●	●	●
Plan for health promotion and prevention (e.g., tracking routine child health care, health consultation, health education for children/staff/families, oral health, sun safety, safety surveillance, preventing obesity, etc.)	●	●	●	●	●	●	●	●	●

● Fully meet Policy and/or written plans are explicitly included in the regulations

● Partially meet Procedures are Included in the regulations

● Not yet/No policy or plan is included in the regulation

Note: Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 18B. Content of Policies to be included in child care regulations
CFOC 9.2.1.1 Contents of Policies for Child Care Centers

Content Policy Area	MO	AR	IL	IA	KS	KY	NE	OK	TN
Disasters, emergency plan and drills, evacuation plan, and alternative shelter arrangements	●	●	●	●	●	●	●	●	●
Security	●	●	●	●	●	●	●	●	●
Confidentiality of records	●	●	●	●	●	●	●	●	●
Transportation and field trips	●	●	●	●	●	●	●	●	●
Physical activity (both outdoors and when children are kept indoors), play areas, screen time, and outdoor play policy	●	●	●	●	●	●	●	●	●
Sleeping, safe sleep policy, areas used for sleeping/ napping, sleep equipment, and bed linen	●	●	●	●	●	●	●	●	●
Sanitation and hygiene	●	●	●	●	●	●	●	●	●
Facility Insurance Coverage; Injury insurance on children; Liability insurance; Vehicle insurance on any vehicle owned or leased by the facility and used to transport children; Property insurance.	●	●	●	●	●	●	●	●	●
Overnight care	●	●	●	●	●	●	●	●	●
Prohibiting Smoking, Tobacco, Alcohol, Illegal Drugs, and Toxic Substances	●	●	●	●	●	●	●	●	●
Documentation of parent/guardian notification of injury, illness, or death in program	●	●	●	●	●	●	●	●	●

● Fully meet Policy and/or written plans are explicitly included in the regulations

● Partially meet Procedures are Included in the regulations

● Not yet/No policy or plan is included in the regulation

Note: Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

Missouri can use this assessment of policies to review licensing regulation content areas that do not include regulatory language to ensure written policies are part of practice. For its regulations governing group homes and child care centers, Missouri has 12 licensing content areas for which explicit policies are evident, 14 that partially meet the standard, and 2 areas for improvement, which are: "Payment of fees, deposits, and refunds" and "Use of child care health consultants and education and mental health consultants".

For its regulations governing family child care homes, Missouri has 11 licensing content areas that meet the standard, 12 that partially meet and four areas to improve, which are: "Payment of fees, deposits, and refunds"; "Use of child care health consultants and education and mental health consultants"; "Termination of enrollment and parent/guardian notification of termination"; and "a written comprehensive and coordinated planned program based on a statement of principles";

As noted in Table 18A which addressed policies for centers, Oklahoma and Iowa both provide relevant examples to help Missouri and other states improve policy content for regulations governing child care centers. For example, on the content policy area for "a written comprehensive and coordinated planned program based on a statement of principles" Oklahoma emphasizes industry-standard principles to guide programs' development of coordinated planned programs:

Sample from Oklahoma:

Oklahoma Administrative Code 340:110-3-289. Learning program principles

(a) General. Each child is: (1) provided an environment that: (A) meets the needs and encourages full participation of all children; (B) includes play equipment and activities fostering inclusivity of diverse cultures and families; and (C) is equipped and prepared for learning based on each child's age, needs, and interests; and (2) provided multiple opportunities to play the majority of the day individually or in small, informal groups; (3) allowed to choose activities balanced between teaching personnel-directed and child-selected; and (4) encouraged, but not forced, to participate in program activities, with adaptations ensuring safety and participation. (<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-110/subchapter-3/learning-program-principles.html>)

Iowa's regulations specify written policies required by their state code. These guide users in having autonomy with creating their program policies while at the same time ensuring which areas are necessary to specify policy:

Sample from Iowa:

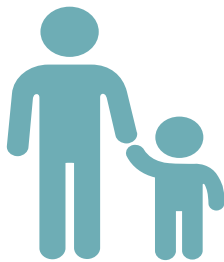
Incorporated and unincorporated centers shall submit a written statement of purpose and objectives. The plan and practices of operation shall be consistent with this statement. Suggested Content for Required Written Policies and Procedures. The written policies identified below are required by 441 Iowa Administrative Code Chapter 109. Suggested content is provided for each policy. You are not required to follow a specific format and are free to address multiple requirements within a single policy statement. The overall format and content is left to your discretion, as long as all rule requirements are met. You are encouraged to contact your child care consultant if you have questions or need assistance. <https://www.legis.iowa.gov/docs/iac/rule/441.109.4.pdf>

Resources

- ChildCare Aware® of Missouri [Child Care Center Start-Up Guide](#) contains information for how directors and owners can create written policies to guide critical licensing practices.

Child:Staff Ratios and Maximum Group Size

Why ensure requirements for child:staff ratios and group size reflect best practices?



States set licensing regulations that govern child: staff ratio and group size. Child:staff ratio¹ is the number of children that may be cared for by one adult. Group size represents the maximum number of children by age group allowed to be cared for in one setting, such as an early care and education classroom, large family child care home, or a playground. Generally speaking, children who are younger should have more adults present and smaller group sizes, with smaller ratios being the most critical for infants and toddlers.

Zero To Three, the leading organization for infant and toddler care, policy, and advocacy, establishes that group size should be no larger than six with a 3:1 child:staff ratio for non-mobile infants, and for children 18 months to three years, a group size of no more than 12 with ratios of 4:1. To ensure the safety and well-being of infants and young children, these ratios and max group sizes are recommended to be maintained in all aspects of care, such as naptime, and indoor and outdoor play, as well. Finally, across all age groups, smaller child:staff ratios and group sizes also help promote frequent, consistent interactions between caregivers and children, and increase opportunities for one-on-one and individualized attention.

The Caring for our Children² (CFOC) Standard 1.1.1.2 Ratios for Large Family Child Care Homes and Centers provides critical information to states on the best practices for child:staff ratios and max group size. See Table 19 below.

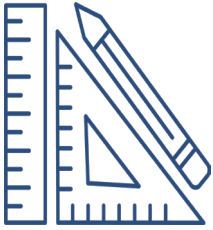
Table 19. CFOC 1.1.1.2 Ratios and Maximum Group Sizes for Centers and Large Family Child Care Homes

Child Care Center			Large Family Child Care Home		
Age	Max Child: Staff Ratio	Max Group Size	Age	Max Child:Staff Ratio	Max Group Size
≤ 12 months	3:1	6	≤ 12 months	3:1	6
13-23 months	4:1	8	13-23 months	4:1	8
24-35 months	7:1	14	24-35 months	7:1	12
3 years old	8:1	16	3 years old	8:1	12
4-5 years old	8:1	16	4-5 years old	8:1	12
6-8 years old	10:1	20	6-8 years old	10:1	12
9-12 years old	12:1	24	9-12 years old	12:1	12

¹ <https://childcare.gov/consumer-education/ratios-and-group-sizes>

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



The child-staff ratio and maximum group size licensing regulations for centers and large family child care homes in Missouri and its 8 border states are challenging to compare due to variations in which age groups are categorized as infants, toddlers, and preschoolers or are included in a particular ratio or group size. Ratios and group size in each state vary by how the state organizes age ranges are defined.

Specifically, child:staff ratios across the states include:

- **Arkansas** regulations focus on birth to 18 months (5:1/max of 10), 18 months to 36 months (8:1/max of 16), 30 months to 36 months (12:1/max of 24), 4 year-olds (15:1/max of 30), 5 year-olds to kindergarten (18:1/max of 36), kindergarten and above (18:1/max of 36).
- **Iowa** regulations focus on 2 weeks to 2 years (4:1), 2 years (7:1), 3 years (10:1), 4 years (12:1), 5 years (15:1), combination of 3 to 5 year olds (12:1), 10 years and over (20:1), for mixed groups the majority age is used to determine ratio.
- **Illinois** defines infants as 6 weeks to 14 months (4:1/max of 12), toddlers as 15 to 23 months (5:1/max of 15) and two year-olds (8:1/max of 16).
- **Kentucky** defines two categories of Toddlers: Toddler 12-24 months (6:1/max of 12) and Toddler 24-36 months (10:1/max of 20); and two categories of Preschool-age: 3 to 4 years (12:1/max of 24) and 4 to 5 years (14:1/max of 28).
- **Kansas** defines one category of toddlers as 24-36 months (7:1/max of 14), defines two categories of preschoolers as 30-59 months (10:1/max of 20 and as 36-59 months (12:1/max of 24).
- **Missouri** age definitions include infants, toddlers, and 2 year-olds (4:1/max of 8), 2 year olds (8:1/max of 16), 3 to 4 year-olds (10:1/max of 20).
- **Nebraska** defines infants at 6 weeks to 18 months (4:1/max of 12), and toddlers as 18 months to 3 year-olds (6:1).
- **Oklahoma** defines infants (4:1/max of 8), one year-olds (6:1/max of 12); two year-olds (8:1 max of 16), three year-olds (12:1/max of 24); four year-olds, (15:1/max of 30), five year olds and over (20:1/max of 40).
- **Tennessee** includes two ratio charts to allow for various grouping arrangements. Infants and toddlers are defined as 6 weeks to 15 months (4:1/max of 8) in chart 1 and 6 weeks to 30 months (5:1/max of 10) in chart 2. Toddlers are defined as as 12-30 months (6:1/max of 12) in chart 1 and chart 2 includes 24-48 months (8:1/max of 16).



In addition, Missouri has the following child:staff ratio guidelines for licensed FCCH ratios:

Licensing Capacities and Staff/Child Ratios for Missouri FCCHs. A family child care home may be licensed for up to ten (10) children. The following staff/child ratios must be maintained at all times and shall not be exceeded except as permitted under these rules:

Number of caregivers present	Number of children present	Maximum number of children < age two (2)
1	Up to 4	4
1	5-6	3
1	7-10	2
2	Up to 8	8
2	Up to 10	4

To account for these differences, we used the following six age categories to compare the regulations for Missouri and its eight border states:

- Infant/Toddler 6 weeks - 18 months
- Toddlers 18 - 35 months
- Preschoolers 36 - 47 months
- Preschoolers 48 - 60 months
- School Age 6 - 8 years

Based on these categories, few states, including Missouri, reflect best practices for child:staff ratio and max group size. Kansas meets the child:staff ratio for non-mobile infants while Iowa meets it for preschool aged children 36-47 months and school-age children. See Table 20 on the below for a full comparison of data from Missouri and each bordering state.

Table 20. Missouri and Its Bordering States' Level of Alignment to Best Practices in Child:Staff Ratio and Max Group Size for Child Care Centers

	Infant Toddler 6 wks-18 m	Toddlers 18-35 months	Preschool age 36-47 months	Preschool age 48-60 months	School age 6-8 years	School age 9-12 years
Best Practice Standard	3:1, 6 max	4:1, 8	7:1, 14	8:1, 16	8:1, 16	12:1, 24
Kansas	3:1, 9	5:1, 10	10:1, 20	12:1, 24	14:1, 28	16:1, 32
Iowa ^a	4:1	7:1	7:1	10:1	15:1	20:1
Missouri	4:1, 8	8:1, 16	10:1, 20	10:1, 20	16:1, 20	NA
Illinois	4:1, 12	5:1, 15	8:1, 16	10:1, 20	20:1, 20	20:1, 30
Arkansas	5:1, 10	5:1, 16	12:1, 24	12:1, 24	18:1, 36	18:1, 36
Nebraska ^a	4:1, 12	6:1	10:1	12:1	12:1	15:1
Tennessee	4:1, 8	6:1, 12 or 7:1, 14	9:1, 18	13:1, 20	16:1, 20	20:1, none
Kentucky	NA	5:1, 10	12:1, 24	14:1, 28	25:1, 30	20:1, 30
Oklahoma	4:1, 8	8:1, 12	12:1, 24	15:1, 30	20:1, 40	20:1, 40

Note: ^a Iowa does not include maximum group sizes. Nebraska only includes a maximum group size for rooms where infants are receiving care.

 Does Not Meet
  Fully Meets

The licensing regulations for licensed Large Family Child Care Homes are difficult to compare across the states as each state varies widely as seen in the above data for states' child care centers ratios

How can States Improve?

States should make it a priority to follow recommended guidelines for child:staff ratios and group size. When groups of small children become too large, environments and interactions between teachers and can quickly become chaotic and confusing, overwhelming all and underwhelming the safety of children³.

³ Zero to Three. (February 8, 2010). How to care for infants and toddlers in groups

Supervision of Children

What is supervision of children?



Comprehensive research is clear—warm and developmentally appropriate adult-child interactions with support from consistent adults are critical for developing quality early care and education environments and optimal outcomes for children¹. Parents rely on early care and education staff (i.e., directors, teachers, assistants, aides and volunteers) to ensure their children’s safety and well-being. Most states require supervision of children in licensed child care centers and homes². Following best practice standards for active supervision allows caregivers to directly monitor children, creating a safe environment with frequent, warm interactions.

Children experience a variety of activity settings while in the care of providers. Active supervision requires caregivers to use strategies to maintain focused attention on children at all times and in all aspects of child care activities including naptime, outdoor play, and field trips to maintain children’s safety and appropriate facilitation within the different activity settings. Caregivers ensure injury prevention and proper care with active supervision and maintaining developmentally appropriate child:staff ratios during all hours of operation. See Figure 9 for the active supervision practices associated with the Caring for Our Children³ (CFOC) best practice standard 2.2.0.1 Methods of Supervision of Children.

Caring for Our Children (CFOC) best practice standard Figure 9. 2.2.0.1 Methods of Supervision of Children

Set up the environment both in- and outdoors so that equipment and furniture do not prohibit observation of children

Maintain positions to see and hear children at all times

Scan, count, and listen to children, especially during transitions

Anticipate children’s behaviors based on their development and individual needs, engage and redirect frequently and consistently

Actively supervise while diapering and when engaging in age-appropriate toileting practices

Actively supervise during naptime

Actively supervise during outdoor play

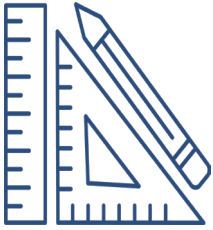
Actively supervise during fieldtrips

¹ Zero To Three. (2021). Infant-toddler child care fact sheet. <https://www.zerotothree.org/resource/infant-toddler-child-care-fact-sheet/> Fiene, R. (2002). 13 indicators of quality childcare: Research update. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/basic-report/13-indicators-qualitychild-care> 2American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 4th ed. Itasca, IL: American Academy of Pediatrics; 2019. National Center on Early Childhood Quality Assurance. (2022). Research brief #1: Trends in child care center licensing requirements for 2020. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Retrieved from <https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-2020-brief-1>

² National Center on Early Childhood Quality Assurance. (2022). Research brief #1: Trends in child care center licensing requirements for 2020. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Retrieved from <https://childcareta.acf.hhs.gov/resource/trends-child-care-center-licensing-requirements-2020-brief-1>

³ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were evaluated for all components of active supervision outlined in the Caring for our Children (CFOC) standard 2.2.0.1 Methods of Supervision of Children, which is comprehensive. Table 21 presents individual states' results according to ratings "does not meet", "partially meets" or "fully meets". If available, states' licensing implementation guides or state websites were also reviewed to assist in the evaluation.

Table 21. Supervision Practices Addressed in Child Care Center Regulations in Missouri and Its Bordering States

Supervision Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
Indoor Environment	●	●	●	●	●	●	●	●	●
Maintain Position	●	●	●	●	●	●	●	●	●
Focused Attention	●	●	●	●	●	●	●	●	●
Scan and Count	●	●	●	●	●	●	●	●	●
Anticipate Children	●	●	●	●	●	●	●	●	●
Diapering & Age-Appropriate Toileting	●	●	●	●	●	●	●	●	●
Naptime	●	●	●	●	●	●	●	●	●
Outdoor Play	●	●	●	●	●	●	●	●	●
Field Trips	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

States who need to improve particular supervision practices based on results in Table 21 can easily do so by clearly and explicitly including supervision practices within regulations related to diapering, age-appropriate toileting, naptime and field trips. Scanning and counting children throughout the day is a standard safety supervision practice that all licensing regulations should and can easily add to existing supervision of children guidelines. Other items, such as indoor equipment, will require almost all states to create new and specific regulations to address proper arrangement of shelving and dividing panels so that indoor furniture arrangements do not obstruct sight lines to see and hear children at all times. And, perhaps most importantly and as a crucial aspect of high-quality supervision, states, including **Missouri**, will need to review their regulations and include recommended child:staff ratios be maintained at all times, including during naptime and outdoor play. (See Child:Staff Ratios Best Practice Profile)

How can Missouri Improve?

The assessment results on individual active supervision practices for Missouri's regulations range from needs improvement (not yet meeting the standard) to fully meets best practices. One reason for this is because Missouri's regulations include contradictory or unclear language related to staff seeing and hearing at all times. There is a statement that adult-child separation can occur for short periods of time for up to 1 minute per child's age. Best practices are clear that staff must be able to see and hear at all times. Separation is only possible when age-appropriate toileting is applied, and even then staff should be in position to supervise and assist children. Missouri also needs to improve supervision practices due to lowering child:staff ratios during naptime and outdoor play. Child:staff ratios are an integral part of keeping children healthy, safe and free from harm during all child care activities.

Missouri does include clear specific supervision practices for field trips, diapering, toileting and anticipating children's behavioral needs that are in direct alignment with the best practices. Missouri can improve by clearly stating all staff should position themselves in classrooms and playground settings for constant supervision, and that managerial tasks should be limited as to not impede proper supervision. Missouri should also include that regular scanning and head counts be part of the routine active supervision responsibilities.

State Exemplars. Oklahoma's & Tennessee's state regulations include clear, specific language that mirror active supervision practices outlined in the best practice standard within a supervision section and within sections pertaining to working with children in various activity settings to fully meet this standard. [Appendix F and G.]

States' licensing regulations typically also address supervision of children for special care situations such as transportation and swimming and water play. For results on these items, see the "Transportation" and "Swimming and Water Play" in the Missouri Child Care Licensing Alignment Project documents.

Resources

- For more on best practices related to Active Supervision in child care and early learning settings see the following: <https://eclkc.ohs.acf.hhs.gov/safety-practices/article/active-supervision>
- <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/active-supervision-poster.pdf>
- [Appendix J: Tennessee: Comprehensive Supervision State Regulation](#)
- [Appendix K: Oklahoma's Supervision State Regulation](#)



Activities for Preschool-Aged Children

Why are children's activities important in early care and education settings?



Most adults who bring their preschool aged child to early care and education centers and homes can easily view the equipment teachers organize to create a safe, stimulating environment, such as child-size tables, chairs and cubbies for storing children's coats, etc. What may be less obvious within the learning environment are the daily schedule of planned events, the materials to facilitate learning through play, and the degree to which the daily schedule and materials will appropriately support children's cognitive, social-emotional, and physical needs and development. Although these activities may be harder to spot, they are essential components for optimizing children's daily experiences and promoting healthy development and learning goals.

Three Caring for Our Children¹ (CFOC) standards outline best practices to promote preschool children's activities (ages 3 to 5) within early care and education settings: 2.1.1.1 Written Daily Activity Program and Statement of Principles; 2.1.3.2 Opportunities for Learning for 3-5-year-olds; and 2.1.3.4 Expressive Activities for 3-5-year-olds. Among the standards' descriptions, five main practices emerged:

Planned Daily Activities. The written planned program of daily activities must be in response to children's developmental levels, individual interests, and abilities.

Program Plans Reflect Developmental Domains. Daily plans should reflect individual children's health and safety, small and large motor skills, social and emotional development, cognitive learning, and family context.

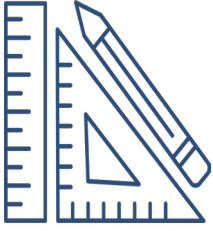
Varied Age-Appropriate Materials. Materials should facilitate learning through play. Examples of appropriate materials include blocks, clay, paints, books, puzzles, and other manipulatives. There should be sufficient materials for the number of children present.

Balance of Activities. The daily activities should include a balance of guided and self-initiated indoor and outdoor play.

Varied Activities. The activities should include expressive activities such as music, dramatic play, art, and sensory play.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were examined for procedures to guide the development and implementation of daily, planned children's activities. Table 22 organizes the results.

Table 22. States' Level of Regulatory Adherence to Best Practices for Supporting Children's Activities

CFOC	Best Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
2.1.1.1 Written Daily Activity Program and Statement of Principles	Written Daily Activity Program	●	●	●	●	●	●	●	●	●
	Address all developmental domains	●	●	●	●	●	●	●	●	●
	Enough age-appropriate materials per child to support learning through play	●	●	●	●	●	●	●	●	●
2.1.3.2 Opportunities for Learning for 3-5 year-olds	Balance of guided and self-initiated indoor and outdoor play	●	●	●	●	●	●	●	●	●
2.1.3.4 Expressive activities for 3-5 year-olds	Encourage and enhance expressive activities	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

How can Missouri Improve?

All states' licensing regulations are collectively strong. Specifically, all states' licensing regulations fully meet CFOC 2.1.3.2 by requiring a balance of self-initiated, indoor and outdoor play activities for preschool-aged children. **Missouri** can improve its licensing regulations for practices described in CFOC 2.1.1.1 by requiring programs to develop and share a written statement of principles and daily plan for children's activities.

These should cover children's:

1. Health and safety
2. Physical development (small and large motor skills)
3. Program-family partnership reflecting children's culture and language
4. Social development (cooperative play and diverse relationships)
5. Emotional development (self-awareness and self-confidence)
6. Cognitive development (language, literacy, math)

Lastly, while the CFOC does not specify that the daily planned activities or the written program should be posted in the center or home, to fully help all adults--staff and parents alike--become familiar with, and accountable for best practices, posting these items is an important step in creating an information-rich and family-friendly environment.

Resources

- **The National Association for the Education of Young Children provides a broad range of resources to address topics in early care and education.**
<https://www.naeyc.org/resources/topics>
- [CFOC Resource: Physical Activity How Much Is Needed?](#)
- [Excerpts from Iowa's Regulations for Activity Program Requirements](#)



Equipment for Children's Activities

What are the key considerations for children's play equipment?



Young children thrive in caring, stimulating, and safe indoor and outdoor environments. Directors and teachers must promote various play opportunities (group, individual, quiet, and active) while protecting children from harm. Proper supervision is crucial, as is the selection, maintenance, and management of play equipment.

Active play happens in indoor classrooms, multipurpose spaces, and outdoor play areas in child care centers and homes. These play spaces support children's physical, cognitive, social, and emotional development. However, playgrounds are common sites for injuries¹ and often lack enough play materials².

Using various equipment in children's activities boosts active play and learning. Most states' child care licensing requirements include regulations for safe, age-appropriate equipment, such as sensory toys, fine motor manipulatives, and large-muscle motor equipment for indoor and outdoor play areas³.

Despite injury risks, equipment should be available to promote motor skills. According to Caring for Our Children⁴ (CFOC) standards, children should always be closely supervised when using such equipment. Staff must ensure equipment is age-appropriate and safe. Proper supervision and the use of helmets can reduce head injuries, especially with wheeled equipment⁴.

See Figure 10 for CFOC best practices regarding age-appropriate equipment, riding toys with wheels, helmets and trampolines.



¹ Early Childhood Learning and Knowledge Center. (2024). Resources for safe playgrounds. U.S. Department of Health and Human Services, Administration for Children and Families. <https://eclkc.ohs.acf.hhs.gov/facilities/article/resources-safe-playgrounds>

²Oh, J. H. (2024). The challenges of supporting young children's outdoor play in early childhood education and care settings. Northwest Journal of Teacher Education, 18(2). <https://doi.org/10.15760/nwjte.2023.18.2.5>

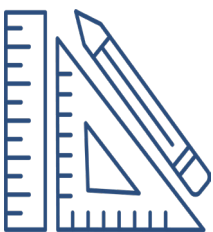
³National Center on Early Childhood Quality Assurance. (2022). [Trends in Family Child Care Home Licensing Requirements 2020](https://www.nceq.org/research-and-data/trends-in-family-child-care-home-licensing-requirements-2020). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care and Office of Head Start.

⁴ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Figure 10. Selected CFOC Best Practices for Children's Equipment

CFOC Standard	Key Best Practices within the Standard
 6.4.2.1 Riding Toys and other Wheeled Equipment	<i>Riding toys for young children should:</i> • Be spokeless • Be capable of being steered • Be child-sized • Have a low center of gravity • Be in good condition, work properly and be free of sharp edges or protrusions that may injure children • Be non-motorized • Be stored away from children when not in use
 6.4.2.2 Helmets	<i>Helmets should:</i> • Meet the standards of the US Consumer Product Safety Commission • Be worn by children ages 1 year and up • Be removed from children when they are not on riding toys and worn properly to minimize injury from helmet
 6.2.4.4 Trampolines	<i>No Trampolines</i> • American Academy of Pediatrics and the American Academy of Orthopedic Surgeons recommend that full and mini-size trampolines should be prohibited for children age six and under.

How do the states measure up?



Licensing requirements from Missouri and its bordering states were examined for the selection of equipment for children's activities (CFOC 2.1.3.3), best practices for including riding toys (CFOC 6.4.2.1), use of helmets (CFOC 6.4.2.2), and prohibiting the use of trampolines (6.2.4.4). Results presented in Table 23 show the alignment for these standards across all states. Missouri fully meets the standards for selection of equipment and for prohibiting trampolines.

Table 23. States' Level of Regulatory Adherence to Best Practice
CFOC Standards on Licensing Requirements for Equipment for Children's Activities

CFOC Standards	States' Level of Adherence		
	Not Yet	Partially Meets	Fully Meets
2.1.3.3 Selection of Equipment for 3-to-5 Year olds			MO AR IL IA KS OK TN KY NE
6.4.2.1 Riding Toys with Wheels and Wheeled Equipment	MO IL KY NE OK TN AR	IA KS	
6.4.2.2 Helmets	MO IL IA KS KY NE OK TN		AR
6.2.4.4 Trampolines	IL IA KS KY NE		MO AR OK TN

How can Missouri Improve?

Missouri's regulations meet CFOC 2.1.3.3, but an implementation guide would help directors and teachers use equipment appropriately in children's activities. **Missouri** can make regulations more specific, as shown in Kentucky's example in Figure 11.

Figure 11.

Excerpt from Kentucky's Standards of Practice⁵ Regarding Selection of Equipment for Children's Activities

Indoor and outdoor play in which a child makes use of both small and large muscles; Activities need to be available to the children throughout the day.

Examples include:

- *Art - paint, brushes, markers, chalk, crayons, colored pencils scissors, paper of various colors, play dough, clay, and glue sticks;*
- *Music – recorded music, musical instruments, and singing/dancing;*
- *Math or numbers – counting, sequencing, comparison, sorting, and writing numbers;*
- *Dramatic play – pretend play; i.e., housekeeping area with a kitchen set complete with pretend food, pots, pans, table, chairs and dishes; a nursery set where the children can care for their baby dolls; a puppet theatre; store; dress up; doctor's office; restaurant; veterinarian's office;*
- *Stories and books - selection of developmentally appropriate books, felt boards, books on tape, interactive storytelling;*
- *Science or nature – activities and materials used to encourage exploration, experimentation, and observation. Learning areas typically include magnets, scales, magnifying glasses, living objects;*
- *Block building or stacking – this includes wooden blocks, foam blocks, cardboard hollow blocks;*
- *Tactile or sensory – sand and water table, different textures, discovery box;*
- *Multicultural exposure - dolls with a variety of skin tones, songs and dances from another country, count to ten (10) in a new language, menus that feature foods from another country.*

⁵Kentucky standards of practice child-care licensure: A resource for licensed child care providers, child care surveyors and technical assistance staff. Cabinet for Health and Family Services. <https://www.chfs.ky.gov/agencies/dcb/dcc/Documents/soplicensed.pdf>

Riding Toys. Missouri and six of its bordering states lack regulations for riding toys and wheeled equipment. Missouri should include clear regulations for riding toys, following the criteria in Figure 11. Since bicycles and other riding toys are often used in child care settings and can be harmful, the regulations should follow all best practices in CFOC 6.4.2.1.

Helmets. Except for Arkansas, all states can improve their helmet use regulations. Missouri should require helmet use for children over 1 and ensure helmets meet quality standards. Arkansas fully met 6.4.2.2 with the following:

“All children one year of age and older shall wear properly fitted and approved helmets while riding on bicycles and when using roller skates, skate boards, roller blades, and scooters. Helmets shall be removed as soon as children stop riding the wheeled equipment. Helmets shall meet CPSC standards. Helmet use is recommended while riding tricycles and other wheeled toys⁶”

Trampolines. Only Missouri, Arkansas, Oklahoma and Tennessee are fully aligned with the standard for prohibiting trampolines. States should ensure trampolines are prohibited due to their potential to cause harm or injury to children.



Resources

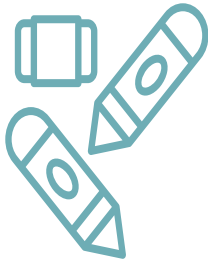
Caring for Our Children Standards:

- [America's Playground Safety Report Card](#)
- [Single and Multi-Axis Swings](#)
- [Bike and Multi-Sport Helmets](#)

⁶ Minimum licensing requirements for child care centers. Arkansas Department of Human Services. Division of Child Care and Early Childhood Education. https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

Materials for Children's Activities

What are the key considerations for children's play and learning materials?



Directors and teachers must promote group, individual, quiet, and active play while ensuring children's safety. Research shows that materials enhance children's play, senses, and brain development¹. National licensing trends often include rules about materials for activities like literacy, art, music, drama, fine motor skills, and science and technology². Staff must choose, maintain, and ensure materials are age-appropriate and safe to prevent choking, poisoning, allergic reactions, or other harm.

Choking Hazards. Toys and objects attract young children, but small parts can be choking hazards. Materials with small parts should be labeled as such, and states need clear regulations to prevent toy-related injuries and deaths³. Federal standards identify materials or objects for children under three that present choking, aspiration, or ingestion hazards due to small parts⁴.

Allergies and Injuries. Materials can cause allergies or internal injuries⁵ if swallowed. For example, small magnets can pass through a child's system but cause internal injuries. Glitter can scratch the eyes if rubbed into them⁵. Balloons should not be accessible to children under eight. While teachers should always supervise children closely, it is especially important with art and craft materials.

The Caring for Our Children⁶ (CFOC) standards 5.2.9.7, 6.4.1.2 and 6.4.1.5 address the use of art and craft materials, toys with small parts, and balloons. Only materials approved by the Art and Creative Materials Institute (ACMI) should be used in an early education and care setting. In doing so, art materials are certified, approved and labeled as non-toxic. Arts and craft activities should be supervised and materials age-appropriate. Use of old, unlabeled and donated materials should be avoided. Emergency procedures for poisoning, injury and allergic reactions should be in place.

¹ Lewin-Benham, A. (2010). *Infants and toddlers at work: using reggio-inspired material to support brain development*. NY, NY: Teachers College Press.

² National Center on Early Childhood Quality Assurance. (2022). [Trends in Family Child Care Home Licensing Requirements 2020](#). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care and Office of Head Start.

³ Chowdhury, R. T., U.S. Consumer Product Safety Commission. (2008). *Toy-related deaths and injuries, calendar year 2022*. Washington, DC: CPSC. <https://www.cpsc.gov/s3fs-public/Toy-Related-Deaths-and-Injuries-2022-Annual-Report.pdf>

⁴ U.S. Consumer Product Safety Commission (CPSC). Small parts regulations: Toys and products intended for use by children under 3 years O=old" <http://www.cpsc.gov/businfo/regsumsmallparts.pdf>.

⁵ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

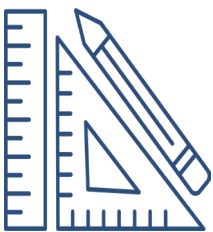
⁶ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Toys with removable parts with less than one and one quarter inch diameter, and with a length between one and two quarter inches, and the following objects in Figure 12 should not be accessible to children under three years of age:

Figure 12. Objects That Should Be Inaccessible to Children Under Age Three

egg-shaped balls or toys	toys with sharp points or edges	plastic bags	coins	styrofoam objects
rubber or latex balloons	balls/toys with elliptical parts	marbles	magnets	foam blocks, books, etc.
latex gloves	bulletin board tacks	glitter	safety pins	other small objects

How do the states measure up?



Licensing regulations from Missouri and its bordering states were examined for procedures for use of materials in children's activities.

Table 24. States' Level of Regulatory Adherence to Best Practice CFOC Standards on Licensing Requirements for Materials for Children's Activities

Summary of CFOC Standards	States' Level of Adherence		
	Not Yet	Partially Meets	Fully Meets
Proper Use of Art and Craft Materials (5.2.9.7)	AR NE TN KY MO IL KS	IA OK	
Small Parts: Inaccessibility of Toys or Objects to Children Under Three Years of Age	AR KS	MO KY OK	IL IA NE TN
Prohibit Balloons	MO KS KY NE TN	AR IL IA TN	

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFCO description.

Proper Use of Art and Craft Materials

- As noted in Table 17, few regulations from Missouri and its bordering states address proper use of art and craft materials (CFOC 5.2.9.7). **Missouri** includes “children twenty-four (24) months of age and older shall have an ample variety of age-appropriate toys, books, creative materials and activities which provide fun, stimulation, development and opportunities for individual choices.”⁷ **Missouri** can improve by prohibiting materials by age groups. Oklahoma is a strong example for this criteria. ([See Oklahoma Regulations addressing Materials](#))
- Missouri can also improve by prohibiting the use of old, unlabeled and donated materials and by specifying materials that should meet industry standards (i.e., approved by the Art and Creative Materials Institute).

Small Parts

- All but two states address limits for use of toys and materials with small parts with children under three years of age (CFOC 6.4.1.2). Tennessee’s regulations mandate that toys and materials that can be inhaled or swallowed should be inaccessible to infants and toddlers. Illinois’ regulations go a step further to add that “hazardous items for infants and toddlers include coins, balloons, safety pins, marbles, Styrofoam™ and similar products, sponges, rubber or soft plastic toys”⁸.
- Missouri includes “infants and toddlers shall have safe toys which can be washed when soiled. Toys, parts of toys or other materials shall not be small enough to be swallowed.”⁶ Missouri can improve requirements by clearly defining “small enough” using federal guidelines.

Balloons

- Half of the states lack guidelines on balloon usage (CFOC 6.4.1.5), and those that do often fall short. For example, Arkansas bans balloon use but also says it should be supervised, while Oklahoma allows balloons for children over two. These inconsistencies highlight the need for clear guidelines, as the standard prohibits children from putting balloons in their mouths or playing with them. Missouri and its bordering states should improve their guidelines on balloon accessibility.

Resources

- [Consumer Product Safety Commission website](#)

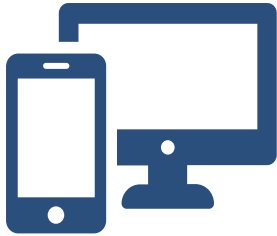
⁷Department of Elementary and Secondary Education (2023). Division 25 Office of Childhood Chapter 500 Licensing rules for group child care homes and child care centers. <https://www.sos.mo.gov/CMSImages/AdRules/csr/current/5csr/5c25-500.pdf>

⁸Illinois Department of Children and Family Services. Rules 407. <https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/policy-rules-and-forms/documents/rules/rules-407.pdf>



Screen Time & Digital Media

What is appropriate integration of screen time in early care settings?



Young children often use screens like TVs, tablets, and phones¹. Those in lower-income homes spend nearly two hours more per day on screens than their peers in higher-income homes¹. Experts worry that this screen time prevents kids from getting enough physical activity and outdoor play, which are essential for healthy development and preventing childhood obesity².

Educators and parents alike may wonder how best to approach technology with their preschoolers, toddlers and especially their babies. For example, any app, game or television program may call itself educational, but that does not in fact mean that it is³. Adults must know how to choose high-quality media by gauging how it includes appropriate learning goals; involves adults and children and encourages socialization and participation; and reflects the child's everyday world. Relatedly, screen time limits are important. Screen time should be closely monitored and sparingly integrated into children's daily routine⁴. Children under two years of age should not be exposed to screen time⁵. For children ages 2 to 5, screen time should be limited to one hour per day of quality programming or applications, and experienced with a nearby adult who can facilitate children's digital play interactions.

Figure 13. Best Practices in Screen Time & Digital Media in Early Care and Education Settings

Set parameters for screen time

Time limits of 1 hour per day

Prohibit use with children under 2 years of age

View developmentally appropriate content only

Early care and education settings should establish clear policies to positively guide appropriate screen time use. The Caring for our Children⁶ (CFOC) standard 2.2.0.3 outlines best practices regarding screen time with young children. Figure 13 outlines the essential practices for screen time and digital media.

¹ Rideout, V. & M. B. Robb. 2020. The Common Sense census: media use by kids age zero to eight. Common Sense Media. https://www.commonsensemedia.org/sites/default/files/research/report/2020_zero_to_eight_census_final_web.pdf

² Byrd-Williams, C. E., Dooley, E. E., Thi, C. A., Browning, C., & Hoelscher, D. M. (2019). Physical activity, screen time, and outdoor learning environment practices and policy implementation: a cross sectional study of Texas child care centers. BMC public health, 19, 1-11.

³ Kinsner, K. & Parlakian, R. (2016, November 7). Screen-time recommendations for children under six. Zero to Three. <https://www.zerotothree.org/resource/screen-time-recommendations-for-children-under-six>

⁴ Altmann, T.R. & Hill, D.L. (2019). Caring for your baby and young child: Birth to age 5, 7th Ed. American Academy of Pediatrics. Bantam: NY, NY.

⁵ Caring for our children standards and NAEYC/Fred Rogers... position statement

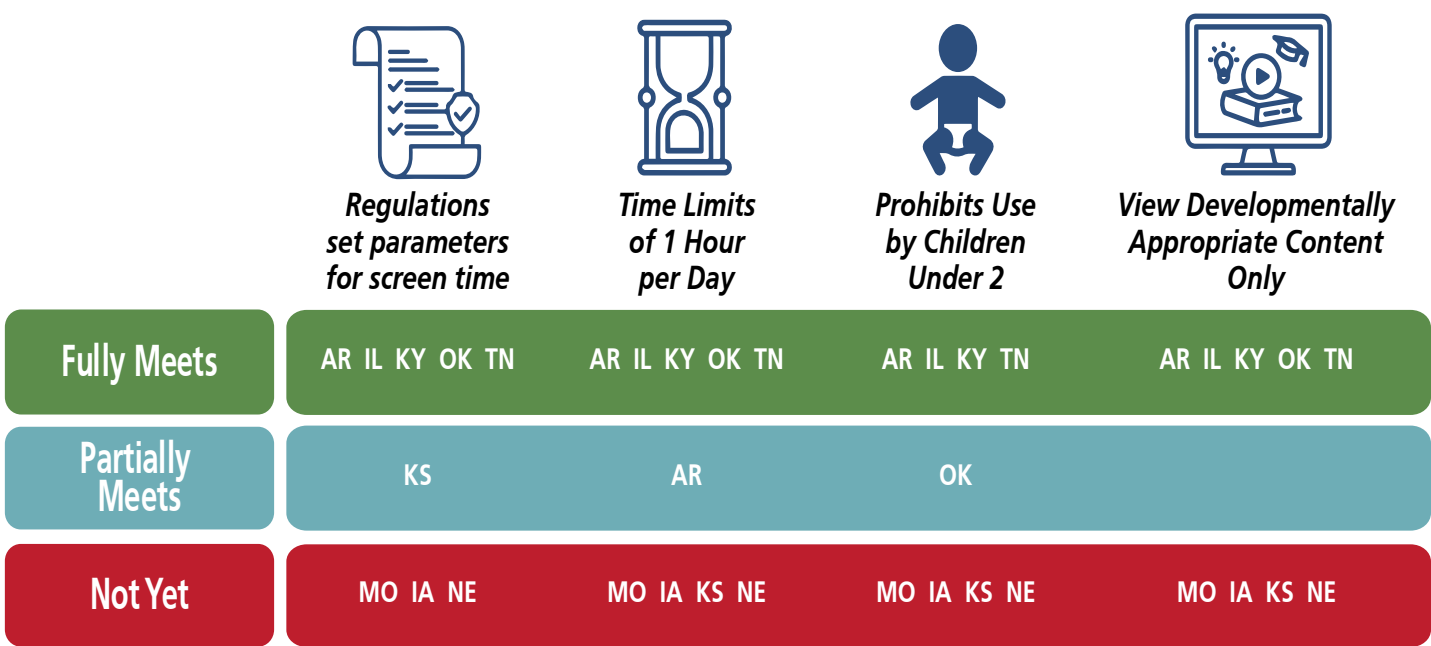
⁶ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrkids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were reviewed for content related to the best practice standards for screen time and digital media use⁷. Figure 14 displays the results

Figure 14. States’ Level of Adherence to Best Practices for Screen Time



How can Missouri Improve?

Missouri, Iowa, and Nebraska lack child care licensing rules regarding screen time and media use, while Kansas has minimal regulations. States meeting this standard usually have specific policies on electronic media and devices (e.g., Tennessee’s Screen Time and Media Use). To improve, states should also incorporate resources on screen time into training and implementation guides, following best practices.

It’s important to highlight that according to CFOC 2.2.0.3 on Screen Time and Digital Media Use, “For children of all ages, digital media and devices should not be used during meal or snack time, or during nap/rest times and in bed.” In Figure 14, researchers did not rate states on this best practice. Only Illinois, Kentucky, Oklahoma, and Tennessee have restrictions on screen time during meals and snacks. No state includes restrictions during or before naptime.

⁷ Caring for Our Children 2.2.0.3 Screen Time/Digital Media Use <https://nrckids.org/CFOC/Database/2.2.0.3>

Missouri should:

- Create regulations that address parameters for screen time and digital media use including the need for adult-child interactions and purposeful learning goals
- Ensure proper time limits are included in parameters
- Ensure regulations specify that children under 2 should not engage in screen time and digital media use
- Ensure regulations address the use of developmentally appropriate content digital media
- Ensure procedures governing screen time and digital media use exclude use during meals, snacks and naptime.

Training materials and an implementation guide will support educators in achieving appropriate screen time and digital media integration within early care and education centers and homes.

Resources

- Parlakian, R. (2018). Screen time can be quality time. Here's how. Zero to Three. <https://www.zerotothree.org/resource/screen-time-can-be-quality-time-heres-how/>
- [Appendix G. Tennessee Screen Time and Media Use](#)





Section IV: Working with Families and Their Young Children



Family Involvement

Why is family involvement important in early care and education settings?



Building strong, respectful partnerships with families is crucial in early care and education, benefiting children, families, and programs. Family involvement includes activities designed to support and engage families, enhancing children's emotional security and providing teachers with better insights into the children. It also promotes cultural consistency between home and care settings¹.

A respectful and trusting relationship between families and teachers helps support children's learning and development goals. It makes children feel safe and secure in the program and reassures parents that their children's needs are being met. Most importantly, family involvement increases parents' understanding of child development.

The Caring for Our Children² (CFOC) standard 2.3.1.1 Mutual Responsibility of Parents/Guardians and Staff outlines best practices that promote family involvement within early care and education settings. Among the standard's description, three main practices emerged for ensuring the development of a mutual relationship among families and early care and education staff members:

- **Written Communication.** Programs should provide families with a copy of the provider's written policies, including health and safety policies
- **Shared Information.** Teachers and families should share information on a daily basis about a child's activities and any changes in their health and routines
- **Family-Program Activities.** Programs should provide an array of opportunities for families to be involved throughout the year, such as holding annual meetings to discuss children's learning and development; participating in planning sessions or serving on a board; and inviting families to participate in special events such as book fairs or celebrations that honor a community's ethnic or cultural heritage.

¹ Gonzalez-Mena, J. (2013). Child, family and community. Family-centered early care and education, 6th Edition. Upper Saddle River, NJ: Pearson

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were examined for practices related to involving families in the early care and education program. Table 25 displays the results.

Table 25. Level of Adherence of Missouri and its Bordering States' to Best Practices in Family Involvement

Best Practices	MO	AR	IA	IL	KS	KY	NE	OK	TN
Parents receive copy of early care and education program's written policies	●	●	●	●	●	●	●	●	●
Requires informal daily communication with families	●	●	●	●	●	●	●	●	●
Requires family involvement in program activities	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CLOC description.

How can Missouri Improve?

Missouri's licensing regulations include procedures to ensure programs share a copy of their early care and education policies and include procedures for daily communication with families; which both are crucial practices for building and maintaining ongoing communication and mutual trust.

Missouri and other states should enhance regulations by ensuring they include responsibilities for involving families in regular program activities, like annual parent-teacher meetings to discuss children's development, and offering opportunities for families to participate in parent groups, boards, or celebrations. Oklahoma sets a strong example with its regulations on parent communication and family engagement. See Oklahoma's Child Care Licensing Regulations on Parent Communication and Engagement.

Resources

- [Preschool Development Block Grant Resource List for Family Engagement](#)

Behavior Guidance

What are the critical considerations for supporting children's healthy emotional and social development within early care and education settings?



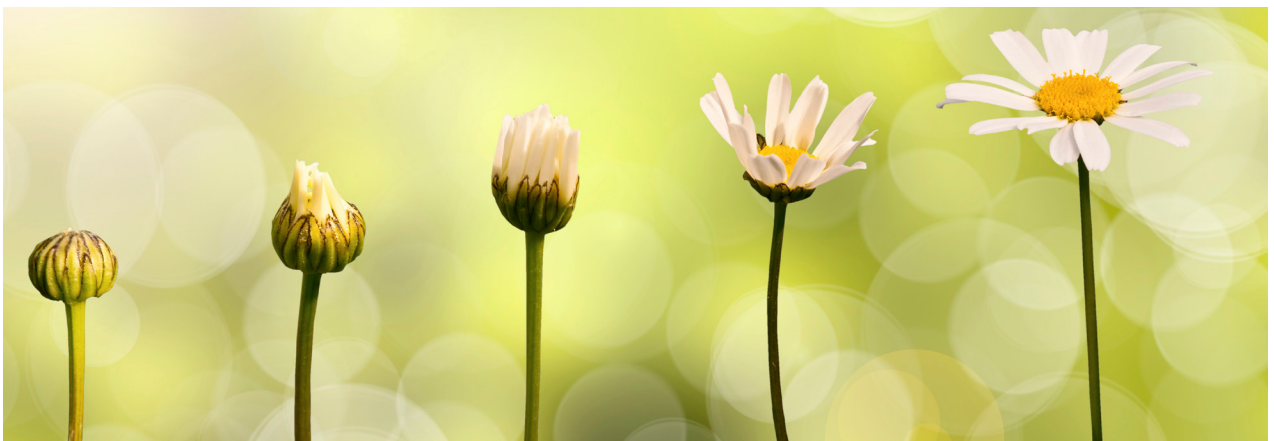
What is Behavior Guidance? Teachers and staff in early care and education centers play a vital role in guiding children's behavior and preventing challenges. Behavior guidance involves using proactive, positive strategies rather than punitive methods. This approach aims to teach children to recognize, adjust, and manage their emotions and behaviors, develop self-control, and learn from mistakes within their relationships with peers and teachers.

Understanding Young Children's Developmental Needs. When caring for infants and toddlers, who are the most vulnerable young children, staff in early care and education centers must be highly skilled. They need to understand children's typical development patterns and preferences, listen to them, and respond to their behaviors using appropriate strategies that encourage and support them.

It's crucial for staff to grasp how infants and toddlers communicate their needs, often non-verbally, and to recognize changes in emotional development, self-regulation, and growing independence from infancy through preschool years.

Program Policies and Procedures to Ensure Children's Safe & Healthy Development. In early care and education programs, everyone—from directors to teachers, assistants, aides, substitutes, and volunteers—must prioritize children's well-being. Physical punishment is strictly prohibited. Programs should not expel, suspend, or limit services unless specific conditions are met. Written policies on behavior guidance and expulsion should be transparently provided to parents.

Staff should receive regular training on positive behavior guidance strategies to support healthy emotional, behavioral, and social development in children and reduce challenging behaviors. Furthermore, programs should implement training and monitoring to prevent adult behaviors linked to child abuse and neglect, adhering to best practices.



The Behavior Guidance Process. When children feel safe, secure and connected to consistent teachers in their early care and education environment, they are more likely to develop positive relationships with their peers and teachers. According to Caring for Our Children¹ (CFOC) 2.2.0.6 Discipline Measures teachers must guide children to develop self-control and age-appropriate behaviors through a process in which adults:

- Build relationships with young children through warm, caring and developmentally appropriate interactions
- Deeply understand child development and base emotional, social and behavioral expectations on individual children's developmental levels
- Establish and proactively support simple rules children can understand
- Establish predictable procedures, routines and manage transitions
- Use descriptive feedback that encourages children
- Use clear and simple language -- directing children what to do instead of what not to do (i.e., "use your eyes" vs. "don't touch")
- Teach children positive alternatives rather than telling them "no"
- Model desired behavior
- Redirect misbehaviors consistently
- Individualize behavior guidance strategies for the needs of children
- For children older than two, sparingly use developmentally-appropriate time-out or temporary separation techniques for behaviors that are persistent and unacceptable.

Prohibited Behaviors. Using warm, caring physical touch based on each child's preferences shows care and concern. CFOC 2.2.0.9 lists behaviors that are strictly prohibited from any staff, volunteer, or older child. These include corporal punishment like hitting, spanking, or biting; demanding excessive physical exercise or unusual postures; forcing physical touch from the child; or coercing them to eat soap or other substances. These behaviors endanger children's safety and well-being.

CFOC 2.2.0.8 prohibits expulsions or suspensions unless continued enrollment jeopardizes the child or others' safety, or if the program cannot meet the child's needs as agreed upon by the program and family.

Physical Restraints. Regarding physical restraints, according to CFLC 2.2.0.10, they should never be used except when there's a risk to the child's or others' safety. If a child faces behavioral or health challenges, a care plan should be created in collaboration with families and health consultants before considering restraints. Staff must be well-trained to ensure the child's safety during any restraint procedures.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were examined for their inclusion of practices and procedures for supporting age and developmentally appropriate behavior guidance strategies (CFOC 2.2.0.6), for effectively addressing expulsions or suspensions (CFOC 2.2.0.8), for prohibiting harmful adult behaviors (CFOC 2.2.0.9), and for prohibiting the use of physical restraint (2.2.0.10).

Results of the analysis are reported in Tables 26A, 26B, 26C and 26D below. All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 26A. State's Level of Adherence to Best Practices for Appropriate Behavior Guidance Strategies and Procedures

CFOC 2.2.0.6 Practices	MO	AR	IA	IL	KS	KY	NE	OK	TN
Teachers and staff guide children to develop self-control, developmentally appropriate, and age appropriate behaviors	●	●	●	●	●	●	●	●	●
Written policies are shared with families	●	●	●	●	●	●	●	●	●

Table 26B. State's Level of Adherence to Best Practices for Preventing Expulsions, Suspensions, and Other Limitations in Services

CFOC 2.2.0.8 Practices	MO	AR	IA	IL	KS	KY	NE	OK	TN
Programs should not expel, suspend, or otherwise limit the amount of services unless the condition or situation meets one of the two exceptions	●	●	●	●	●	●	●	●	●
Written policies regarding expulsion or suspension is provided to parents	●	●	●	●	●	●	●	●	●
Staff should have access to in-service training on both a proactive and as-needed basis on how to reduce the likelihood of problem behaviors	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Table 26C. State's Level of Adherence to Best Practices for Prohibiting Harmful Adult Behaviors when Guiding Children's Emotional, Social, & Behavioral Development

CFOC 2.2.0.9 Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
Prohibits corporal punishment	●	●	●	●	●	●	●	●	●
Prohibits isolating children in spaces they cannot be seen or supervised	●	●	●	●	●	●	●	●	●
Prohibits binding or tying to restrict movement	●	●	●	●	●	●	●	●	●
Prohibits using/withholding food as punishment or reward	●	●	●	●	●	●	●	●	●
Prohibits toilet learning/training methods that demean or humiliate the child	●	●	●	●	●	●	●	●	●
Prohibits emotional abuse	●	●	●	●	●	●	●	●	●
Prohibits sexual abuse	●	●	●	●	●	●	●	●	●
Prohibits verbal abuse	●	●	●	●	●	●	●	●	●
Public/private humiliation, threats of physical punishment	●	●	●	●	●	●	●	●	●
Withheld physical activity/outdoor time	●	●	●	●	●	●	●	●	●

Table 26D. State's Level of Adherence to Best Practices for Using Physical Restraints

CFOC 2.2.0.10 Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
Never use physical restraint unless a child's safety or the safety of others is at risk. Children with needs for which frequent need the cautious use of restraint must have a behavior health plan with input from families and health consultants, and staff should be trained in order to not harm children.	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

How can Missouri Improve?

As shown in Tables 19A-D, there are numerous factors to consider in supporting young children's emotional, social, and behavioral development. Directors, teachers, assistants, aides, substitutes, volunteers, parents, and guardians should all be well-informed and trained to use positive, supportive strategies for guiding children, avoiding punitive or controlling measures. Ensuring children's safety and well-being is paramount in early education and care.

Missouri shows strengths in certain areas but has opportunities for improvement. By making minor adjustments to regulations and enhancing continuing education for staff in early care and education programs, **Missouri** can strengthen practices related to behavior guidance and the prevention of negative adult behaviors.

CFOC 2.2.0.6. Missouri has regulations covering positive guidance behaviors. To improve, **Missouri** should ensure that written policies shared with parents at enrollment clearly include discipline measures.

CFOC 2.2.0.8. Missouri can improve practices related to prevention of expulsions and suspensions by ensuring staff have access to regular in-service and ongoing training on both behavior guidance and other strategies to proactively reduce the likelihood of problem behaviors.

CFOC 2.2.0.9. Missouri includes many behaviors adults should absolutely avoid and should not be used in response to children's challenging behaviors. **Missouri** can improve their listing of prohibited staff behaviors by ensuring sexual abuse, binding or tying a child, and not restricting outdoor or physical play are included.

CFOC 2.2.0.10. Missouri does not meet this standard. **Missouri's** regulations need to include statements to address the use of physical restraints in early care and education settings. This is crucial for supporting children's safety, health and well-being, as well as for providing adults with proper education to use proactive and developmentally responsive behavior guidance strategies.

Resources

- [Caring For Our Children Standards: Protective Factors Regarding Child Abuse and Neglect](#)



Child Observation and Assessment

Why is child observation and assessment important in early care and education settings?



Teachers and staff of early care and education centers and homes are essential partners to families for monitoring and observing children's developmental milestones. Developmental milestones are skills that emerge over time; are highly influenced by children's individual characteristics, culture and context; and provide a foundation for children's more advanced skills¹. Generally speaking, milestones develop at certain ages and in predictable sequences, such as with children's oral language skills. Typically babies begin to babble. By age one, a toddler's first words usually emerge, and then they combine words into short sentences, and so on.

Teachers in early care and education play a crucial role in supporting children's progress across all developmental areas—cognitive, language, mathematical thinking, physical, and more—using appropriate child observation and assessment practices. During play or natural activities, teachers gather accurate information about children's skills and knowledge. This information guides teachers in selecting materials, activities, and experiences that benefit each child.

Child observation and assessment also help monitor developmental milestones and aid in early detection of delays, fostering partnerships with families. Validated screening tools are used when concerns arise about a child needing extra support or potentially having developmental delays or disabilities.

The Caring for Our Children² (CFOC) 2.1.1.4 emphasizes four key points:

- Early care and education settings should have a formalized system of developmental screening that is used when children first enroll in a program and at least yearly thereafter.
- Settings also should have a process for determining when a health or development screening or evaluation is necessary.
- Parents should be involved in the health or developmental assessment process.
- Teachers should use observation-based measures or curricular-based assessments to inform instructional activities on an ongoing basis.

¹ Zero to Three. (2022, September) CDC's "Learn the signs. Act early." Developmental milestone resources to improve early identification of children with developmental delays, disorders and disabilities" <https://www.zerotothree.org/resource/journal/cdcs-learn-the-signs-act-early-developmental-milestone-resources-to-improve-early-identification-of-children-with-developmental-delays-disorders-and-disabilities/> National Association for the Education of Young Children. Developmentally appropriate practice Core Considerations. [ps://www.naeyc.org/resources/position-statements/dap/core-considerations](https://www.naeyc.org/resources/position-statements/dap/core-considerations)

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were examined for practices related to child observation and assessment in the early care and education program. Table 27 displays the results.

Table 27. States' Level of Alignment to Best Practices in Child Observation and Assessment

CFOC 2.1.1.4 Monitoring Children's Development/ Obtaining Consent for Screening	MO	AR	IL	IA	KS	KY	NE	OK	TN
Have a formalized system of developmental screening used near beginning of placement and at least yearly thereafter	●	●	●	●	●	●	●	●	●
Have a process for determining when a health or developmental screening or eval is necessary	●	●	●	●	●	●	●	●	●
Use authentic or curricular-based assessments to inform curricular approaches on an ongoing basis	●	●	●	●	●	●	●	●	●
Involve parents in health or developmental assessment process	●	●	●	●	●	●	●	●	●

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Child Observation and Assessment Absent from Regulations. Most state licensing requirements, including **Missouri's**, do not include guidelines on child observation and assessment practices. This suggests that programs may not be choosing age-appropriate and developmentally appropriate activities based on ongoing documentation of children's strengths and needs. More importantly, states may overlook a critical tool for early detection of developmental delays and the need for early intervention.

Missouri can improve its regulations by outlining procedures for using curriculum-based assessments to guide instructional planning and implementing state-approved developmental screenings, as outlined in CFOC 2.1.1.4.

Resources

- [American Academy of Pediatrics list of developmental screening tools](#)
- [NAEYC Developmentally appropriate practice Core Considerations](#)
- [Zero to Three. "Learn the signs. Act early." Developmental milestone resources to improve early identification of children with developmental delays, disorders and disabilities](#)



Caring for School-Age Children

Why are standards for school-age children important?



While kindergartners and elementary students may attend school at the same time as their younger siblings are enrolled in early care and education programs, parents may still need help before or after school and during the summer for their children under the age of 12. Licensing standards for school-age children are necessary for ensuring that children ages 5-12 are appropriately supervised and have access to space, equipment and activities that are best suited for their physical, social-emotional, and cognitive needs.

The Caring for Our Children¹ (CFOC) best practice standards below address five areas related to the supervision of School-Age Children:

- **2.2.0.1 Methods of Supervision.** School-age children require active and positive supervision (within sight and hearing at all times) for almost all activities. They may use toilet facilities without direct visual observation, but must remain within hearing range in case children need assistance or to prevent unsafe behavior. In addition, school-age children should be permitted to participate in off-premise activities with permission of their parent or guardian.
- **2.1.4.1 Supervised School-Age Activities.** Appropriate activities for school-age children include:
 - Free choice of play
 - Vigorous activity
 - Opportunities to read, do homework, and concentrate
 - Opportunities to be creative
 - Opportunities to engage in community service and adult-supervised, skill-building experiences (e.g., field trips, scouting groups, team sports)
 - Opportunities to rest
 - Opportunities to seek comfort and understanding from adult caregivers
- **2.1.4.2 Space for School-Age Activity.** As the title of this standard suggests, facilities should have an indoor and outdoor space set aside for school-age children to support their growing independence.
- **2.1.4.4 Planning Activities for School-Age Children.** Related to 2.1.4.2, facilities should offer programming that reflects the needs and interests of school-age children, and the children themselves should participate in planning the program activities.
- **1.3.2.6 Additional Qualifications for Staff Working with School-Age Children.** Caregivers, teachers, and other staff working with school-age children should demonstrate knowledge and competence in the social and emotional needs and developmental tasks of children ages 5 to 12. Also necessary are skills to recognize and appropriately manage challenging behaviors and implement a socially and cognitively enriching program.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations for Missouri and its bordering states were assessed for their level of adherence to the CFOC standard for practices addressing caring for school-age children. Table 28 displays the results.

Table 28. State's Level of Alignment to Best Practices in Caring for School Age Children

CFOC Standard & Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
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2.2.0.1 Methods of Supervision of Children

Active and positive supervision	●	●	●	●	●	NA	●	●	●
Permitted to participate in off-site activities w/parental permission	●	●	●	●	●	NA	●	●	●
2.1.4.2 Space for School - Age Activities	●	●	●	●	●	NA	●	●	●

2.1.4.1 Supervised School-age Activities

Free choice of play	●	●	●	●	●	NA	●	●	●
Vigorous activity	●	●	●	●	●	NA	●	●	●
Opportunities for concentration, time to read or do homework	●	●	●	●	●	NA	●	●	●
Opportunities to be creative	●	●	●	●	●	NA	●	●	●
Opportunities for community service, adult supervised skill-building experiences (field trips, scouts, team sports, etc.)	●	●	●	●	●	NA	●	●	●
Opportunities to rest	●	●	●	●	●	NA	●	●	●
Opportunities to seek comfort and understanding from adult caregivers	●	●	●	●	●	NA	●	●	●
1.3.2.6 Additional Qualifications For Staff Working With School Age Children	●	●	●	●	●	NA	●	●	●

NA-State Exempts School-Age Care from regulations ● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

Note: All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center and Group Home legal documents to the CFOC description.

How Can Missouri Improve

Overall, **Missouri's** alignment with three of the four CFOC standards and associated best practices highlighted in Table 23 shows strong practices for serving school-age children. **Missouri** can improve its regulations for the supervision of school-age children by ensuring regulations include clear procedures for active and positive supervision, and especially that adults can see and hear children and youth at all times. Missouri can tighten specifications for the supervision of all children as noted in the Best Practice Profile "Supervision of Children".

Missouri can also improve regulations for school-age children by including opportunities for school-age children to participate in age-related community service and adult supervised skill-building experiences (field trips, scouts, team sports, etc.). Finally, **Missouri** should require additional qualifications for staff working with school age children, as children ages 5-12 experience different developmental patterns than infants, toddlers and young children.

Note: Kentucky recently passed an emergency rule to exempt programs serving school-age children from its regulatory processes. However, Kentucky has a strong exemplary model for organizing best practices for school-age care which is documented in "[The Kentucky School-Age Program Standards](#)". Additionally, [Kentucky's Out-of-School Alliance](#) provides a wealth of information, policy priorities and information for stakeholders.



Resources

- [National AfterSchool Association](#)
- [National Center on Afterschool and Summer Enrichment](#)
- [School-Age Program Checklist Child Care Aware](#)



Caring for Children with Special Health Care Needs

What do early care and education facilities need to know about special health care needs?



Children with special health care needs encompass those with chronic physical, developmental, behavioral, or emotional conditions requiring health services beyond typical requirements. This may include allergies, asthma, or more complex conditions like cerebral palsy. Some conditions necessitate daily treatments, while others require immediate responses to symptoms, such as administering an EpiPen for allergic reactions. Early care and education staff must be prepared with specific plans—Routine and Emergent Care Plans—to ensure these children stay safe and healthy during program participation.

The Caring for Our Children¹ (CFOC) standard 3.5.0.1 outlines essential elements for the primary care provider-completed Care Plan for children with special health care needs:

- Child's diagnosis
- Contact details for primary care providers and specialists
- Scheduled and emergency medications, including clear instructions
- Procedures to be performed
- Allergies and necessary dietary adjustments
- Activity and environmental modifications
- Triggers to avoid
- Observable symptoms for caregivers
- Behavioral adjustments
- Emergency response plans for medical and programmatic emergencies
- Recommended staff training

In addition to these practices, the care plan should be updated after every hospitalization or significant change in the health status of the child.

How do the states measure up?



Licensing regulations from Missouri and its bordering states were assessed for their level of adherence to recommended practices for supporting children with special health care needs. Table 29 displays the results.

¹ McPherson, M., P. Arango, H. Fox, C. Lauver, M. McManus, P. Newacheck, J. Perrin, J. Shonkoff, & B. Strickland. (1998). A new definition of children with special health care needs. *Pediatrics*, 102, 137-40

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Table 29. State's Level of Alignment to Best Practices in Caring for Children with Special Health Care Needs:

Best Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
A list of the child's diagnosis/diagnoses	●	●	●	●	●	●	●	●	●
Contact information for the primary care provider and any relevant sub-specialists	●	●	●	●	●	●	●	●	●
Medications to be administered on a scheduled basis	●	●	●	●	●	●	●	●	●
Medications to be administered on an emergent basis with clearly stated parameters, signs, and symptoms that warrant giving the medication	●	●	●	●	●	●	●	●	●
Procedures to be performed	●	●	●	●	●	●	●	●	●
Allergies	●	●	●	●	●	●	●	●	●
Dietary modifications required for the health of the child	●	●	●	●	●	●	●	●	●
Activity modifications	●	●	●	●	●	●	●	●	●
Environmental modifications	●	●	●	●	●	●	●	●	●
Stimulus that initiates or precipitates a reaction or series of reactions (triggers) to avoid	●	●	●	●	●	●	●	●	●
Symptoms for caregiver/teachers to observe	●	●	●	●	●	●	●	●	●
Behavioral modifications	●	●	●	●	●	●	●	●	●
Emergency response plans– both if the child has a medical emergency and special factors to consider in programmatic emergency, like a fire	●	●	●	●	●	●	●	●	●
Suggested special skills training and education for staff	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

How Can Missouri Improve

Missouri's regulations for centers and group homes currently include four out of the 14 practices outlined in CFOC 3.5.0.1. These practices are detailed in the Admissions and Policies (page 24) and Health Care (starting on page 28) sections. There is room for improvement to better align Missouri's regulatory practices with all aspects of CFOC 3.5.0.1.

Missouri's current Admissions and Policies section addresses CFOC 3.5.0.1 with two provisions:

- The provider assesses their ability to care for special needs children alongside others (p. 24).
- The provider develops an admission procedure, including care plans for ill children (also p. 24).

To improve, Missouri should:

- Expand item 7 to require specialized training for caring for ill children, integrated into annual training requirements or job qualifications.
- Enhance item 8 (C) to mandate a documented plan for children with chronic health needs, specifying details like diagnoses, contacts for specialists, emergency medications, procedures, allergies, dietary and activity adjustments, environmental triggers, observed symptoms, and behavioral adaptations.

Missouri's current health care section covers general illness responses for all children, including disease reporting, managing sick children, administering and storing medication, documenting immunizations, and emergency care for accidents. To improve, Missouri should differentiate care protocols for acutely sick children versus those with chronic illnesses, ensuring tailored care plans for each group.

Resources

Caring for our Children Standards:

- [Care Plan for Children with Special Health Needs](#)
- [Adaptive Equipment for Children with Special Needs](#)
- [Emergency Information for children with Special Needs](#)





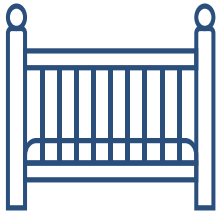
Section V:

Caring for Infants and Toddlers



Safe Sleep Environments

Why are safe sleep practices a critical component of early care and education settings? about special health care needs?



Many adults may remember a time when infant cribs and bassinets were adorned with hand-knit blankets, soft fabric bumpers, and stuffed animals like floppy-eared bunnies. Sometimes, a mobile hung above the crib, and babies might have had pacifiers clipped to their onesies. While these setups aimed to create a cozy sleep environment, research shows they can increase the risk of sudden unexpected infant deaths (SUIDs), including Sudden Infant Death Syndrome¹. In Missouri, sleep-related suffocation and strangulation were the leading causes of infant injury deaths in 2022². Practicing safe sleep with infants is crucial for their safety and well-being, significantly reducing the risk of SUIDs, suffocation, and other sleep-related deaths.

What is a safe sleep environment?

A safe sleep environment³(see image) includes a firm, flat mattress with a snugly fitted sheet in a safety-approved crib. Infants should not sleep in car seats, bouncy seats, on couches, adult beds, or with others. Staff caring for infants in early care and education centers have a vital role in creating and maintaining safe sleep environments.

It's important for early care programs to establish a written policy outlining safe sleep practices recommended by the American Academy of Pediatrics (AAP). This policy should be distributed to all staff and parents. Before working with infants, staff should undergo proper training on safe sleep practices and setting up safe sleep environments.

[image, NH Public Health Services <http://bit.ly/2FtggpW>]

Figure 15



The Caring for Our Children⁴ (CFOC) standard 3.1.4.1 provides detailed guidance on creating safe sleep environments to ensure children's safety and adults' preparedness. Recent AAP task force recommendations are influencing updates to this standard. States should stay informed about CFOC revisions and regularly update policies and training to align with new guidelines. Figure 21 outlines key practices used to evaluate Missouri and its neighboring states on safe sleep standards.

¹ American Academy of Pediatrics. (n.d.) Safe Sleep. <https://www.aap.org/en/patient-care/safe-sleep/>

² American Academy of Pediatrics. (n.d.) Safe Sleep. <https://www.aap.org/en/patient-care/safe-sleep/>

³ U.S. Department of Health and Human Services. (2018). What does a safe sleep environment look like? https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/safe_sleep_environment_rev.pdf

⁴ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOCDatabase>

Figure 21. Safe Sleep Practices according to CFOC 3.1.4.1

Key Practices	Description of the Practice
Program Policy	Program has a written safe sleep policy that is given to all personnel.
Placed on Back	Infants are placed only on their backs (supine) to nap/sleep.
Safety-approved Crib	Infants should be placed for sleep in safe sleep environments, which include a firm crib mattress covered by a tight fitting sheet in a safety-approved crib.
Nap in crib only	Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, etc.
Move infants arriving asleep	If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or caregiver/teacher should immediately remove the sleeping infant from this seat
Move sleeping infants to crib	If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib.
One infant/crib	Only one infant should be placed in each crib. Stackable cribs are not recommended.
No soft/loose bedding	Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments, such as: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc.
Swaddling	Swaddling infants when in a crib is not necessary or recommended; use one-piece sleepers
Equipment and toys	Toys, including mobiles and other play equipment designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments.
Room Temperature	Ensure temperature of room is comfortable; check infants to ensure comfortably clothed, and bibs necklaces garments with ties and hoods are removed
Observed at all times	Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up;
Lighting	The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).
Present at all times	A caregiver/teacher trained in safe sleep practices and approved to care for infants should be present in each room at all times where there is an infant.
Sleeping room	Use of sleeping rooms separate from the infant group room is not recommended due to the need for constant, direct supervision of sleeping infants.
Pacifier use*	Guidelines from American Academy of Pediatrics should be followed regarding pacifier use

*See AAP & CFOC 3.1.4.1 recommendations on pacifier use next.

Pacifier Use. The AAP’s policy on pacifiers was adopted in 2022. The policy considers many relevant aspects to infant development including the important development of the natural sucking reflex infants need for feeding and the benefits of the sucking reflex to promote infants’ self-soothing and initiating the process of self-regulation. The policy also considers cultural preferences for the introduction of pacifiers in infancy.

In brief, pacifier use policy and practices should include:

- Families provide written permission to the program
- Consider offering a pacifier when a young infant is placed down for a nap
- If the infant refuses, do not force a pacifier
- If the pacifier falls out of the mouth of a sleeping infant, it should be removed from the crib and not reinserted.
- Pacifiers should not be coated with a sweet solution, should be cleaned and replaced regularly, and always inspected for tears before use.
- Do not clip or tie pacifiers to infants clothing or around the neck while sleeping.
- For breastfeeding infants, pacifier use should be delayed until 15 days of age

How do the states measure up?



Licensing regulations from Missouri and its bordering states were assessed using seventeen practices outlined in CFOC 3.1.4.1. Table 21 presents the results according to total practices observed across each state.

Table 21. Rank Order of States’ Adherence to CFOC 3.1.4.1 Safe Sleep Practices

Level of Adherence to CFOC	State	*Total Practices Observed in State Regulations
Fully Met		
Almost There	Missouri Tennessee Oklahoma	30 out of 34 30 out of 34 26 out of 34
Partially Met	Kansas Iowa Nebraska Kentucky Illinois Arkansas	24 out of 34 23 out of 34 21 out of 34 21 out of 34 20 out of 34 20 out of 34

Note. *The total practices observed was arrived at by the total sum of assigned ratings (0=none present, 1=partially present, 2=fully present) across 17 sleep practices operationalized from the CFOC 3.1.4.1. Standard 3.1.4.1 included in this table are applicable 3.1.4.1. Standard 3.1.4.1 included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states’ Child Care Center legal documents to the CFOC description.

Missouri's Strengths and Areas for Improvement.

Missouri and Tennessee are leading the region in best practices for safe sleep environments. Every effort to update regulations and licensing guidelines as a result of new information and recommendations from the American Association of Pediatrics should be maintained.

Missouri can enhance its safe sleep regulations by ensuring continuous supervision of sleeping infants and maintaining appropriate infant-to-staff ratios during naps. It can improve by documenting physician-recommended sleeping preferences from parents upon enrollment and updating them annually or as needed. Additionally, Missouri should clarify policies on pacifier use, sleeping arrangements, and specify that infants should not wear bibs or hooded garments while sleeping to strengthen safety measures.

Resources

- [Safe Sleep Missouri](#)
- [Safe to Sleep: Helping to reduce the risk of Sudden Infant Death Syndrome \(SIDS\) and other sleep-related infant deaths.](#)
- [American Academy of Pediatrics. \(n.d.\) Safe Sleep](#)
- [What does a safe sleep environment look like?](#)



Caring for Infants and Toddlers: Qualifications for Infant/Toddler Teachers



Young children undergo rapid growth and development in their first three years of life¹. Research highlights that early relationships with adults profoundly shape children's overall development, including health, self-esteem, and readiness for formal schooling². While high-quality and safe environments are crucial, it's the warm, responsive interactions led by knowledgeable adults during daily caregiving routines that have the greatest impact on young children. In settings for infants and toddlers, it's especially vital for

early care and education staff to grasp both biological and environmental factors that can influence children's development positively or negatively. Teachers, assistants, aides, directors, substitutes, and volunteers should be equipped with specific competencies and strong foundational knowledge about the developmental stages from birth through 35 months of age.

The Caring for Our Children³ (CFOC) standard 1.3.2.4: Additional Qualifications for Caregivers/Teachers Serving Children Birth to Thirty-Five Months of Age addresses the comprehensive skill set an infant/toddler teacher needs for using daily routines as the basis for building the important responsive relationship environment.

Teachers caring for infants and toddlers should:

- Know the signs of typical and atypical child development.
- Know the importance of consistent positive relationships with infants/toddlers.
- Know the importance of language development during the first two years of life.
- Provide warm, consistent responsive caregiving in daily routines and provide opportunities for child-initiated play.
- Know proper techniques for diapering, toileting and bathing infants toddlers.
- Know safe feeding practices and how to support breastfeeding
- Hold/comfort infants/toddlers to support physical, social and emotional needs.
- Set appropriate limits to promote infant behavior and mental health development.
- Use safe sleep practices.
- Prevent shaken baby syndrome and other harmful behaviors.

¹ Shonkoff, J. P., & Phillips, D. (Eds.) (2000). From neurons to neighborhoods: The science of early childhood development. A report of the National Research Council. Washington, DC: National Academic Press

² National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved from <http://www.developingchild.net>

³ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were assessed using the best practices outlined in CFOC 1.3.2.4 Additional Qualifications for Caregivers/Teachers Serving Children Birth to Thirty-Five Months of Age. Table 30 presents the results according to total practices observed across each state.

Table 30. States' Level of Adherence to Best Practices in Staff Qualifications for Working with Infants and Toddlers

1.3.2.4 Additional qualifications for working with infants birth to 35 months (CFOC)	MO	AR	IL	IA	KS	KY	NE	OK	TN
Caregivers/teachers should be prepared to work with infants and toddlers and, when asked, should be knowledgeable and demonstrate competency in tasks associated with caring for infants and toddlers	●	●	●	●	●	●	●	●	●
Caregivers should demonstrate knowledge of infant toddler development, especially the signs when a child is not developing typically	●	●	●	●	●	●	●	●	●
Know the importance of nurturing consistent positive relationships with infants and toddler	●	●	●	●	●	●	●	●	●
Know importance of communication and language development	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

How can Missouri improve?

Missouri lacks specific pre-service training requirements focused on caring for infants and toddlers, beyond Safe Sleep. The current orientation training topics also do not cover essential areas like child development or communication for this age group. Improvements can be made by adding these topics to pre-service or annual training requirements. Additionally, Missouri should consider enhancing regulations to include competencies addressing the unique needs of infants and toddlers, emphasizing consistent, positive caregiving practices in hiring criteria for staff working with this age group.

Exemplar. As can be seen in Table 30, the licensing regulations of Arkansas, Illinois, Kansas, Nebraska and Tennessee all fully meet these best practices. Some states, like Arkansas, require certifications for Infant and Toddler Teachers (i.e. <https://humanservices.arkansas.gov/wp-content/uploads/Infant-Toddler-Certificate-Application-12.2020-v2.pdf>) but this is not a prerequisite for hiring. Tennessee includes all practices in their states' regulations.

The following excerpt is an example from their section on consistent, positive relationships:

The educator shall hold and comfort children that are upset. The educator shall provide rich social interchanges such as smiling, talking, touching, rocking, singing, and reading. The educator shall respond to the child's sound. The educator shall engage in interactive play that includes activities such as movement, dance, musical games, pretend play and finger play. The educator shall be attuned to the child's needs and respond. Children that lack mobility shall have an opportunity to experience their environment by engaging in the following activities daily; Being read to individually; Allowing them to touch a variety of objects; and Naming and identifying objects. A variety of culturally diverse books shall be available for children to explore including board, cloth, and soft vinyl books; and For infants less than (6) months of age, each infant shall have direct supervised tummy time every day when they are awake and alert. Engage with infants on the ground each day to optimize adult-infant interactions. Infants should be placed on a firm, safe surface such as a non-plush carpet, mat, or rug for tummy time, with no soft materials placed under or around the infant during tummy time. If the infant falls asleep during tummy time, educators shall immediately place the infant in a crib on their back and follow all safe sleep procedures (pp. 54 Tennessee Child Care Licensing Regulations).

Tennessee also includes a “[Before We Begin Training: Responding to Infants](#)” that addresses the ways infants and toddlers communicate and how adults can foster responsive caregiving and model positive interactions.

Resources

- [Arkansas Application for Infant/Toddler Certification](#)
- [922 KAR 2:245.Kentucky Infant and Toddler Credential.](#)
- [Tennessee Before We Start Training Standards](#)
- Illinois Early Learning Project. [Best Practices for Infant and Toddler Care](#)
- West Ed. [Respectful, Responsive and Relationship-Based Care.](#)



Caring for Infants and Toddlers: Infant Toddler Relationship Environment



When considering a developmentally appropriate environment for infants and toddlers, we often focus on the equipment and supplies for diapering, feeding, and learning basic skills like sitting, crawling, walking, and talking. However, research shows that the quality and consistency of their early relationships with adults are crucial. These relationships form the foundation for their overall development, including health, self-esteem, motivation to learn, and later abilities in cognitive and language skills¹.

For infants and toddlers, warm relationships with caring adults are especially vital. These adults provide consistent, personalized interactions during daily care routines such as diaper changes, feeding, napping, and tummy time, as well as during play activities like exploring sensory objects, playing with puppets and books, and engaging in guided movement experiences on the floor. Creating this nurturing “relationship environment” helps infants and toddlers feel safe, secure, and able to develop trust with the adults who are consistently present in their lives.

Fostering quality relationships between adults and the infants and toddlers they care for happens as a result of several crucial practices. Child:Staff ratios play a pivotal role in this. To ensure healthy supervision and development, facilities should adhere to age-appropriate recommendations for ratios and maximum group sizes. Infant and toddler environments can be quite dynamic due to the unique growth and needs of each child, so increasing the number of infants and toddlers per adult would diminish the opportunity to establish safe, nurturing relationships.

Consistency in caregiver interactions is another key factor. For instance, the Best Practice Profile on infant feeding emphasizes the importance of the same caregiver feeding specific children bottles. This consistency allows caregivers to effectively recognize hunger and fullness cues, enhancing the caregiving experience.

Leading organizations such as Child Care Aware of America, the National Association for the Education of Young Children, and Zero to Three recommend implementing continuity of care practices. This approach assigns teachers to specific groups of infants and toddlers, ensuring they remain together for an extended period—typically 2 to 3 years, depending on when the child starts in the program. Successful continuity of care hinges on qualified directors and teachers, a clear program philosophy, and maintaining appropriate ratios and group sizes, all of which contribute to effective supervision of infants and toddlers.

¹ National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved from <http://www.developingchild.net>

The Caring for our Children² (CFOC) standards 2.1.2.1 and 2.1.2.3 emphasize best practices crucial for fostering relationships and supporting learning in infants and toddlers. These practices prioritize everyday routines as the core curriculum for these young children, ensuring consistency and continuity in their care.

Teachers are encouraged to provide opportunities that promote active learning, develop sensory-motor skills, and nurture a healthy sense of self. These practices are designed to help children navigate challenges and develop competence. Refer to Figure 16 for a detailed list of practices reviewed in states' regulations.

Figure 16. Infant-Toddler Relationship-based Care and Activity Practices

Establish policies for the philosophy of continuity of care
Use a variety of safe, individual soothing methods for comforting and holding infants and toddlers
Be attuned and engaged with infants and toddlers to develop a warm, caring relationship in the context of routines
Communicate with families
Interact with children in everyday routines (i.e., diapering, feeding)
Provide safe, clean indoor and outdoor environments, and equipment, to support infant and toddler learning and play through daily routines
Encourage infant's/toddler's physical development through floor level interactions for active crawlers/movers
Encourage age-appropriate social and emotional development such as conflict resolution and identify development
Encourage age-appropriate cognitive challenge, such as language experiences (talking, singing, rhyming... in daily routines), use of environmental symbols, and exploration of the natural world

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations from Missouri and its bordering states were assessed using eight summarized practices from CFOCs 2.1.2.1 and 2.1.2.3. Table 31 displays the results.

Table 31. States' Level of Alignment to Best Practices for Developing the Infant Toddler Relationship Environment

CFOC Standard and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
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2.1.2.1 Personal Caregiver/Teacher Relationships for Infants and Toddlers

Implement continuity of care practices in established policies	●	●	●	●	●	●	●	●	●
Use a variety of safe, individual soothing methods for comforting/holding	●	●	●	●	●	●	●	●	●
Be attuned and engaged with infants and toddlers with frequent smiling, talking, singing, appropriate touch, eating	●	●	●	●	●	●	●	●	●
Communicate with parents	●	●	●	●	●	●	●	●	●
Interact with infants and toddlers and develop a warm caring relationship in the context of everyday routines (eg, diapering, feeding).	●	●	●	●	●	●	●	●	●

2.1.2.3 Space and Activity to Support Learning of Infants and Toddlers

Programs should provide safe, clean environment with equipment arranged to support I/T daily routines for learning and play	●	●	●	●	●	●	●	●	●
Environment and daily routines as I/T curriculum encourage physical development especially floor level interactions for active crawlers	●	●	●	●	●	●	●	●	●
Environment and daily routines encourages age appropriate challenge for cognitive development (language, use of symbols, exploring natural world)	●	●	●	●	●	●	●	●	●
Environment and daily routines are flexible and adaptable to encourage age appropriate social and emotional development such as conflict resolution, identify development	●	●	●	●	●	●	●	●	●

Note: ● Not Met/Needs Improvement ● Partially Meets ● Fully Meets

How can Missouri improve?

Missouri is one of five states in the region needing to improve guidelines for creating the relationship environment infants and toddlers need to thrive. Out of the eight practices across the CFOC standards, **Missouri** can improve on four practices by including clear, specific procedures for the following infant-toddler care practices:

- Use safe, age-appropriate comforting and holding. For example, **Missouri** can provide guidelines to minimize time infants and toddlers spend in seated equipment.
- Interact with infants and toddlers using warm responsive interactions within children's daily routines (i.e., feeding, diapering, tummy time)
- Ensure that both indoor and outdoor play activities for infants and toddlers are clear and aligned with related standards for recommended minutes spent outdoors (see **Physical Activity**).
- Adapt daily routines to foster social and emotional development such as setting safe limits for infants and toddlers, help them to learn conflict resolution skills and foster positive identity development

States such as Arkansas, Illinois and Tennessee have regulations that currently meet all of the best practices, and as such may be useful tools for Missouri to consider in regulation reform.

Resources

- [Child Care Technical Assistance Network Infant/Toddler Resource Guide](#)
- [The Program for Infant/Toddler Care's Six Essential Program Practices for Relationship-Based Care](#)
- [Supporting the important relationships in the lives of infants and toddlers.](#)
- Wittmer, D. & Honig, A. (2020). [Build strong relationships with infants and toddlers.](#) Washington, DC: NAEYC
- [Illinois Licensing Standards for Day Care Centers Section 407.210 Special Requirements for Infants and Toddlers, pp. 45-46](#)



Caring for Infants and Toddlers: Safe and Healthy Feeding Practices for Infants

How can early care and education settings best support infants' nutrition?



Although we all know that babies need to be bottle-fed or nursed and require special support as they transition to solid foods, early care and education settings can engage in a variety of practices to ensure that infants and toddlers receive optimal nutrition to support their healthy development.

Due to the critical nature of nutrition in the first two years, skilled and knowledgeable directors, teachers, assistants and all other staff caring for infants and toddlers must understand nutrition guidelines and work collaboratively with families to ensure proper feeding procedures are in place for individual children. The following Caring for Our Children (CFOC)¹ standards depict the comprehensive practices required for ensuring safe and healthy feeding for infants, and are described below:

4.3.1.1 General Plan for Feeding Infants.

Facilities should work with parents at enrollment to create written documentation of individual infants' and toddlers' feeding needs, including the type of formula used for infants. They also should encourage ongoing breastfeeding by providing a private space for nursing moms to pump or feed their child.

4.3.1.2. Responsive Feeding by a Consistent Teacher.

Facilities should feed infants in response to baby's hunger and fullness cues. To promote this type of "responsive feeding," the same caregiver or teacher should feed an infant.

4.3.1.3/4.3.1.5 Preparing, Feeding, Storing Breast Milk and Infant Formula.

Formula provided by parents should come in its original factory-sealed container. Caregivers should follow the manufacturer's instructions when mixing powdered formula, using only the scoop that is provided. All filled bottles of prepared formula or expressed human milk should be labeled with a child's name and date/time of preparation, and refrigerated as soon as children arrive at a facility. Caregivers should discard any leftover prepared formula or breast milk in a bottle within one hour of when the feeding began.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

4.3.1.9 Warming Bottles and Infant Foods.

Infants' bottles and food should be warmed by placing them in a container of warm water or under warm running tap water. Due to risk of creating hot spots that can cause mouth burns, microwaves should not be used. If using a crock pot or bottle warmer to heat breast milk, prepared formula, or infant food, facilities need to ensure that all devices and cords remain out of reach of children. The bottles used should be made of glass or Bisphenol A (BPA)-free plastic, as well.

4.3.1.11/4.5.0.6 Supporting and Supervising Children who are Learning to Feed themselves.

Facilities should work with infants' families to introduce solid foods once a baby is at least 6 months old and developmentally ready. Caregivers can assist this transition by recording what was eaten, as well as how much. In addition, while children of all ages should be closely supervised when eating, children in mid-infancy who are learning to feed themselves should be actively supervised by an adult who is within arm's reach to mitigate the potential for choking.

How do the states measure up?



Licensing regulations from Missouri and its bordering states were assessed using practices from 4.3.1.1 General Plan for Feeding Infants; 4.3.1.2 Responsive Feeding by a Consistent Caregiver/Teacher; 4.3.1.3 Preparing, Feeding and Storing Human Milk; 4.3.1.5 Preparing, Feeding, and Storing Infant Formula; 4.3.1.9 Warming Bottles and Infant Foods; 4.3.1.11 Introduction of Age-Appropriate Solid Foods to Infants; and 4.5.0.6 Adult Supervision of Children Who Are Learning to Feed Themselves. Table 32, below and on the next page, depicts the rank order of states across each standard.

CFOC Standard	Not Yet	Partially Meets	Almost There	Fully Meets
4.3.1.1 General Plan for Feeding Infants - Keep records on whether infant consumes breastmilk or formula - Keep daily record of bottles consumed - CACFP appropriate infant meals and snacks - Follow feeding plan from parent or health provider - Provide accommodations for breastfeeding mothers (i.e., private area with access to hand hygiene)	KS KY NE	IA TN IL MO OK	AR	
4.3.1.2 Feeding Infants on Cue by a Consistent Caregiver/Teacher	KS KY NE	MO AR IL OK		IA TN
4.3.1.3 Preparing Feeding And Storing Human Milk - Do not give infant formula to a breastfed infant without written parent permission - Expressed breast milk should be transported and stored in clean, sanitary bottles - Immediately refrigerate breast milk upon child's arrival, thaw in fridge if frozen - Bottle or containers containing breast milk should be properly labeled with children's name and only used for that child - Use oldest milk first - Breast milk should be warmed in waterless warmer, container of or running under warm water (not microwave) - Return expressed breast milk to parent if it is curdled, smells rotten or has not been stored per guidelines of Academy of Breastfeeding Medicine	OK KS AR MO	KY IL IA TN	NE	

Table 32. States’ Level of Regulatory Adherence to Best Practices on Licensing Requirements for Feeding Infants

CFOC Standard	Not Yet	Partially Meets	Almost There	Fully Meets
4.3.1.5 Preparing Feeding And Storing Infant Formula - Formula provided by parents or program in factory sealed container - Mix/store formula according to manufacturer’s directions - Bottle and container of formula labeled with child’s name, date/time of preparation and when container was opened - No mixing formula with cereal, juice of other foods without documentation - Refrigerate formula until feeding - Prepared and unused formula is stored in refrigerator < 24 hours - Special dietary formula always available and used as directed - Parents provide sufficient number of clean, BPA-free bottles or bottles with recycle codes 1,2,3 or 5	KS TN NE OK AR MO	KY IA		
4.3.1.9 Warming Bottles and Infant Foods		ALL STATES		
4.3.1.11 Introduction of Age-Appropriate Solid Foods to Infants	AR KS NE	MO IL IA KY OK		
4.5.0.6 Adult Supervision of Children Who Are Learning to Feed Themselves	AR KS NE	MO IL IA KY OK		NE

Note: Standards without bulleted practices were coded holistically, whereas the bulleted lists were used to itemize more comprehensive standards. All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states’ Child Care Center and Group Home legal documents to the CFOC description. Related standards for infant/toddler nutrition, such as the use of whole milk for toddlers 12 to 24 months, are included in the Best Practice Profile for Nutrition & Meal Requirements.



How Can Missouri Improve

Missouri, like many other states, needs to address the improvement needed in licensing regulations for each of the best practices outlined in Table 31. In doing so, Missouri can improve practices for feeding infants and toddlers in a comprehensive manner. Clear procedures are needed outlining the steps that are described in 4.3.1.5 for proper preparation, storage, and feeding of breast milk to breastfeeding infants.

Infant Feeding Plan and Support for Breastfeeding. Missouri's licensing rules currently do not cover breastfeeding practices or procedures supporting breastfeeding mothers and their young children. While the [Missouri's Infant/Toddler Feeding and Care Plan](#) involves parents in feeding children up to 24 months, it lacks specific guidelines for handling and storing breast milk. Aligning regulations with this plan could strengthen its implementation. Additionally, while Missouri offers the Child and Adult Care Food Program (CACFP) optionally, not mandatorily, adopting CACFP nutrition guidelines and recording daily bottle consumption for infants could enhance Missouri's infant feeding practices overall.

Additional Standards. Missouri's licensing regulations should include proper techniques for warming bottles or infant food to prevent injury or illness to children and add additional descriptions to regulations addressing the introduction of solid food.

Training infant/toddler teachers in infant nutrition is crucial for ensuring children's healthy development and maintaining a healthy weight. This training should be mandatory for all staff, as they often rotate between classrooms of different age groups. For instance, a preschool teacher might need to care for infants on occasion. Given the specialized skills required for infant and toddler care, having a well-trained staff is essential.

Resources

- [Infant and Toddler Nutrition - Center for Disease Control](#)



Caring for Infants and Toddlers: Diapering

Why are diaper changing procedures important in early care and education settings?



Diapering may seem straightforward for parents of infants or toddlers, but in early care and education settings with multiple children, it becomes more complex. With several children to care for, frequent diaper changes increase the risk of contamination and health issues. Therefore, staff must adhere to strict diaper changing procedures to ensure everyone's safety and health. Moreover, the daily routine of diapering is an opportunity to build warm relationships with young children. Engaging in conversation, singing, and playful interactions during diaper changes helps promote children's language development and positive self-awareness.

The Caring for Our Children¹(CFOC) standards provide crucial guidelines for diapering procedures. CFOC 3.2.1.3 emphasizes checking diapers hourly for wetness or soiling, visually inspecting them every two hours, and responding promptly when a child shows discomfort. This helps prevent diaper dermatitis, which can occur from prolonged contact with urine or feces. CFOC 3.2.1.4 outlines eight essential steps to follow:

1. **Get organized. Gather supplies and perform hand hygiene and ensure that all diapering supplies are organized and ready to use.**
2. Carry the child to the changing table, keeping any soiled items away from you and any surfaces that cannot be easily cleaned
3. **Clean the child's diaper area using disposable wipes, a dampened cloth, or wet paper toil. Put solid wipes, cloth, or paper towels into the soiled diaper or directly into a plastic-lined, hands-free covered can.**
4. Remove the soiled diaper or clothing and put in a hands-free, plastic lined covered can or plastic bag.
5. **Slide a clean diaper under the child; using facial or toilet tissue or wearing clean disposable gloves, apply any necessary diaper creams. Dispose of tissue or gloves in a hands-free, plastic lined covered can.**
6. Wash the child's hands and return the child to a supervised area.
7. **Clean and disinfect the diaper-changing surface.**
8. Perform hand hygiene and record the diaper change in the child's daily log.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing regulations for Missouri and its bordering states were assessed for diapering practices used with infants and toddlers. Table 33 displays the results.

Table 33. States' Level of Adherence to Best Practices for Diapering Practices

3.2.1.4 Diaper Changing Procedure	MO	AR	IL	IA	KS	KY	NE	OK	TN
Get organized: gather supplies and perform hand hygiene	●	●	●	●	●	●	●	●	●
Carry infant to changing table	●	●	●	●	●	●	●	●	●
Clean the child's skin diaper area	●	●	●	●	●	●	●	●	●
Remove soiled diaper	●	●	●	●	●	●	●	●	●
Put clean diaper on and dress the child	●	●	●	●	●	●	●	●	●
Wash child's hands and return to Supervised area	●	●	●	●	●	●	●	●	●
Complete sanitation of the diapering area	●	●	●	●	●	●	●	●	●
Perform personal hand hygiene and log diaper change in child's daily record	●	●	●	●	●	●	●	●	●

3.2.1.3 Checking for the Need to Change Diapers

Hourly, visually every two hours and when child expresses discomfort	●	●	●	●	●	●	●	●	●
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● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center legal documents to the CFOC description

How Can Missouri Improve

As can be seen in Table 22D, **Missouri's** licensing regulations for diapering includes one specific best practice, partially includes six diapering practices and does not include two other practices. By adding specific descriptions that reflect best practices to existing procedures, Missouri will easily improve. **Missouri** should specify carrying an infant to the changing table, and putting a clean diaper on and dressing the child to fully meet the best practices for diapering.

Resources

Caring for Our children Standards:

- [Appendix L: Cleaning Up Body Fluids](#)
- [Appendix D: Gloving](#)





Section VI:

Building and Grounds Safety



Emergency Preparedness

What are the critical considerations in preparing for emergencies?



No matter where we live, or in what type of setting we work or engage in day-to-day tasks, one unfortunate reality of life is that both natural disasters and human-related emergencies can occur. These events can include tornados, earthquakes, or fires, as well as gas leaks, chemical spills, or even bomb or active shooter threats. Other emergencies can involve the physical or mental health of a single child or member of staff. Although none of these situations are pleasant to think about, if early care and education facilities are to respond appropriately, they need to be prepared in advance.

The Caring for Our Children¹(CFOC) standards outline 12 practices that collectively address procedures to ensure programs can respond to a wide array of emergencies.

5.6.0.1 First Aid and Emergency Supplies

So that staff can respond to an injury, early care and education facilities should maintain fully equipped first aid kits in each classroom. The kits should be kept out of reach of children, but in a place that is labeled, known, and accessible to staff at all times. In addition, the kit itself should be inventoried monthly so that any used or expired items can be replaced.

3.4.3.1 Medical Emergency Procedures

Facilities should engage in five key procedures in the event of a medical emergency:

- Begin first aid and make contact with emergency medical response team
- Make plans to transport ill or injured person to local emergency medical facility
- Immediately contact parent/guardian or emergency contact
- Accompany the child or adult to the emergency facility and stay with the individual until parent or emergency contact arrives. Maintain required child to staff ratio at facility.
- Debrief after incident or emergency, including procedures used, how well they were followed, and changes that should be made.

How do the states measure up?



Licensing requirements from Missouri and its bordering states were reviewed for their level of alignment to best practices in emergency preparedness and response procedures. Table 34 displays the results.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Table 34. Missouri and Its States' Level of Regulatory Adherence to Best Practice CFOC Standards on Licensing Requirements for Emergency Preparedness

CFOC Standard and Best Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
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5.6.0.1 First Aid and Emergency Supplies

• Maintain fully equipped first aid kits in each classroom that include the list of items in 5.6.0.1	●	●	●	●	●	●	●	●	●
• First aid kits stored in labeled place and out of reach of children	●	●	●	●	●	●	●	●	●
• Portable kits (e.g. backpacks) are readily available when children leave the facility for recess, walk, etc.	●	●	●	●	●	●	●	●	●
• First aid kit is inventoried monthly and items replaced as needed	●	●	●	●	●	●	●	●	●

3.4.3.1 Medical Emergency Procedures

• Begin first aid immediately	●	●	●	●	●	●	●	●	●
• Contact emergency medical response team	●	●	●	●	●	●	●	●	●
• Follow plans to transport the ill or injured person(s) to a local emergency medical facility	●	●	●	●	●	●	●	●	●
• Contact parent/guardian or emergency contact	●	●	●	●	●	●	●	●	●
• Staff should accompany the child or adult to the hospital and stay with the individual until the parent/guardian or emergency contact person arrives. Child to staff ratio should be maintained, additional staff may be needed to maintain the required ratio.	●	●	●	●	●	●	●	●	●
• Debriefing should occur after an incident or emergency. Staff should discuss procedures, how well they were followed, and any changes that may need to be made.	●	●	●	●	●	●	●	●	●
• All staff need to be trained to manage an emergency until emergency medical care becomes available. Staff training in carrying out emergency medical procedures and plans, as well as providing first aid, should be conducted, at a minimum, annually	●	●	●	●	●	●	●	●	●
• The written medical emergency procedures and policies should be reviewed and practiced regularly, as well as immediately following an emergency, if changes are made to the facility or equipment, or if the needs of the children change.	●	●	●	●	●	●	●	●	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

Note: All standards included are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center and Group Home legal documents to the CFOC description.

How Can Missouri Improve

When emergencies occur in early care and education centers, staff must act swiftly and calmly to ensure the safety and care of children and/or the adults working in the program. Proper steps as outlined in the CFOC standards can assist states in updating current regulations to ensure programs have complete knowledge and skills for mitigating the wide range of potential emergencies.

Missouri does not meet seven of the practices noted in Table 28. To strengthen and standardize **Missouri's** current procedures and emergency practices, its regulations should be expanded to include the following:

- Properly prepare and use portable first aid kits for outdoor activities such as outdoor play and walking trips;
- Carry out emergency response procedures in the proper order, which includes:
 1. Begin first aid immediately;
 2. Contact proper emergency agencies;
 3. Follow the specified plans to transport the ill or injured to a local emergency medical facility;
 4. Staff member accompanies child or adult to hospital and stays until the emergency contact arrives, while the facility maintains child:staff ratio, and;
 5. Debrief after the incident among all staff.
 6. All staff should be trained annually in managing emergency medical procedures
 7. Written medical emergency procedures and policies should be reviewed and practiced regularly, as well as immediately following an emergency.

See resources below for forms and first aid and emergency supply recommendations.

Resources

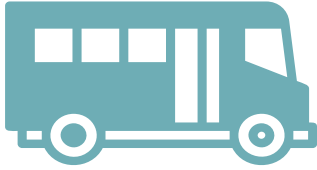
Caring for Our Children:

- [Situations that Require Medical Care Right Away](#)
- [Incident Report Form](#)
- [Child Injury Report Form for Indoor and Outdoor Injuries](#)
- [First Aid and Emergency Supply Lists](#)



Transporting Small Children

What are the critical precautions and procedures regarding the transportation of small children in early care and education?



Some early care and education centers may provide transportation for young children to and from their programs and activities, which can be beneficial for families without personal vehicles or flexible schedules. However, ensuring child safety during transportation requires intentional practices.

Key practices from the Caring for Our Children¹ (CFOC) standards include:

Child Passenger Safety (CFOC 6.5.2.2)

- Use age- and size-appropriate safety restraints (e.g., car seats).
- Follow manufacturer's instructions for proper installation and use.
- Label each safety seat with the child's name and emergency contact information.
- Replace car seats if expired or involved in an accident.
- Check metal parts for temperature to prevent burns.

Driver Qualifications (CFOC 6.5.1.2)

- Drivers must be at least 21 years old with a valid commercial license.
- Maintain vehicle license number, proof of insurance, and current inspection information.
- Have a safe driving record and abstain from alcohol, drugs, or medications affecting driving abilities within 12 hours.
- Do not smoke during transportation.
- No criminal history involving crimes against children.

Ratios and Direct Supervision during Transportation (CFOC 1.1.1.4)

- During transportation, maintain minimum child:staff ratios without including drivers.
- Do not leave a child alone in or near the vehicle.
- Count children by name before leaving for a destination, upon arrival, before heading back, and upon returning, and include any children picked up or dropped off during the trip in face to face count.

These standards ensure that transportation providers prioritize child safety and maintain high standards for driver qualifications and vehicle safety.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing requirements from Missouri and its bordering states were evaluated for their adherence to CFOCs 6.5.2.2, 6.5.1.2 and 1.1.1.5 which outline the recommended guidelines for ensuring children's safety when facilities provide transportation for children during their experiences within early care and education centers and homes. Table 35 displays the results.

Table 35. States' Level of Adherence to Best Practices in Safety Precautions when Transporting Small Children

CFOC Standard and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
6.5.2.2 Child Passenger Safety									
Children are transported only when using an age- and size-appropriate safety restraint (e.g., rear- or forward-facing car safety seats); follow the manufacturer's instructions to properly install and use child safety restraints	●	●	●	●	●	●	●	●	●
Each care safety seat is labeled with the child passenger's name and emergency contact information	●	●	●	●	●	●	●	●	●
Car safety seats are replaced if expired or involved in a car accident	●	●	●	●	●	●	●	●	●
Prior to using a restraint, all metal parts are temperature-checked to prevent burning	●	●	●	●	●	●	●	●	●
Vehicles that meet the description of a school bus must meet wheelchair restraint requirements	●	●	●	●	●	●	●	●	●
6.5.1.2 Qualifications for Drivers									
21 years old and valid commercial license to operate vehicle being driven	●	●	●	●	●	●	●	●	●
Safe driving record	●	●	●	●	●	●	●	●	●
No meds/alcohol, etc., 12 hours prior to or while operating vehicle including smoking/e-cigs	●	●	●	●	●	●	●	●	●
No criminal record of crimes against children	●	●	●	●	●	●	●	●	●
Driver's licensing on file at facility	●	●	●	●	●	●	●	●	●

● **Meets the Standard** ● **Partially Meets** ● **Not Met/Needs Improvement**

Note: All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center and Group Home legal documents to the CFOC description.

Table 35. States' Level of Adherence to Best Practices in Safety Precautions when Transporting Small Children

CFOC Standard and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
1.1.1.4 Ratios and Supervision During Transportation									
Child:staff ratios established for out-of-home child care should be maintained on all transportation the facility provides or arranges	●	●	●	●	●	●	●	●	●
Drivers should not be included in the ratio.	●	●	●	●	●	●	●	●	●
No child should be left unattended in or around a vehicle when children are in a car, or when they are in a car seat.	●	●	●	●	●	●	●	●	●
Face-to-name count of children should be conducted prior to leaving for a destination, when destination is reached, before departing to return to the facility, and upon return. Staff should remember to take into account this head count if any children were picked up or dropped off.	●	●	●	●	●	●	●	●	●

● **Meets the Standard** ● **Partially Meets** ● **Not Met/Needs Improvement**

Note: All standards included in this table are applicable to Child Care Centers, Group Homes, Large Family Child Care Homes and Small Child Care Homes. Current ratings are based on alignment of states' Child Care Center and Group Home legal documents to the CFOC description.

How Can Missouri Improve

Missouri's current regulations require adherence to state law on child safety restraints which is:

- Children under 4 years old or under 40 pounds must use an appropriate child safety seat.
- Children ages 4 through 7 weighing at least 40 pounds must use a child safety seat or booster seat, unless they are 80 pounds or 4'9" tall.
- Children 8 years and older, weighing 80 pounds or at least 4'9" tall, must use a safety belt or an appropriate booster seat.

To strengthen regulations, Missouri should:

- Specify that car safety seats must be replaced if expired or involved in an accident.
- Require inspection of all metal parts for hot temperatures before using a restraint to prevent burns.

For driver qualifications:

- Missouri should mandate that drivers be at least 21 years old, possess a valid commercial license, and maintain a clean driving record. Facilities should keep copies of drivers' licenses on file.

Resources

- [Kentucky's Standards of Practice](#), Section 14, pages 132-147.



Indoor and Outdoor Environment Safety

What are the critical indoor and outdoor safety parameters that early care and education settings should follow?



Although direct care staff in early care and education settings play a major role in promoting children's health and safety, the facility's indoor and outdoor spaces are also crucial. The Caring for Our Children¹(CFOC) standards reviewed below cover over 30 practices related to indoor and outdoor safety.

5.1.2.1 Indoor Space Per Child

- Minimum of 42 square feet per child
- Excludes floor areas used for circulation, staff work work, equipment storage, furniture, offices, and washrooms

6.1.0.1 Size and Location of Outdoor Play Area

- Minimum of 75 square feet per child
- Outdoor play area directly adjoins indoor facilities or is within 1/8 mile and can be reached via hazard-free route
- Separate play areas for infants and toddlers, preschoolers, and school-age children
- Includes an open space for running that is free of other equipment

6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment

- Indoor and outdoor play areas and equipment are inspected daily for the following: missing, broken parts, protrusion of nuts and bolts; rust and chipping or peeling paint; sharp edges, splinters, and rough surfaces; stability of handholds; visible cracks; stability of non-anchored large play equipment (e.g., playhouses); wear and deterioration.
- Daily inspections are documented and filed, and problems corrected
- Facilities conduct monthly inspections as outlined in America's Playgrounds Safety Report Card.



¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

5.3.1.1 Indoor and Outdoor Equipment, Materials, and Furnishings

- Equipment, materials, and furnishings that are accessible to children are sturdy, in good condition, safe to use, and used only as intended by the manufacturer. All of these items should meet the safety recommendations of the U.S. Consumer Product Safety Commission and ASTM International
- Children are prevented from accessing equipment, materials, and furnishings that:
 - Are unsafe or known to be hazardous
 - Are not developmentally appropriate for a child's age or size
 - Are raised above the ground or floor (e.g., a step stool) and do not have guardrails or protective barriers
 - have sharp corners or points
 - have openings that could entrap a child's head, fingers, or other body parts
 - Have small parts that may detach and may be choking, breathing, or or swallowing hazards
 - that can pinch, shear, or crush body parts
- Unstable furnishings or unsecured equipment that are tip-over hazards are removed or made secure
- Playground equipment that is loosely anchored to the ground is removed or made secure
- Tripping and strangulation hazards are removed or made inaccessible to children
- Equipment, materials, and furnishings that are worn, damaged, or in poor condition (e.g., loose, rusty, or cracked parts; rotted or spilt wood, protruding nails or bolts, etc.) is removed or repaired
- Children are prevented from playing with outdoor equipment, materials, and furnishings that are:
 - Too hot or cold to use
 - Spaced too closely together for safety
 - Installed on surfaces that cannot absorb the impact of a fall
- Newly acquired equipment and furnishings are carefully inspected to ensure they meet all safety standards before allowing children to use items
- Facility administrators read the CPSC recall list regularly or subscribe to an email notification list to ensure that toys or equipment have not been recalled

How do the states measure up?



Licensing requirements from Missouri and its bordering states were used to assess Indoor and Outdoor space and safety requirements as outlined in CFOC standards 5.1.2.1, 6.1.0.1, 6.2.5.1, and 5.3.1.1. The results are in the following tables.

Table 36A. States' Level of Alignment with Best Practices in Indoor Space Requirements for Children

CFOC Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
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5.1.2.1 Indoor Space Required per Child

The designated area for children's activities should contain a minimum of 42 square feet* of usable floor space per child. A usable floor space of fifty square feet per child is preferred.	35	35	35	35	35	35	35	35	30
42 square feet excludes floor area that is used for: • Circulation (e.g., walkways around the activity area); • Classroom support (e.g., staff work areas and activity equipment storage that may be adjacent to the activity area); • Furniture (e.g., bookcases, sofas, lofts, block corners, tables and chairs); • Center support (e.g., administrative office, washrooms, etc.	●	●	●	●	●	●	●	●	●

Table 36B. States' Level of Alignment with Best Practices in Size and Location of Outdoor Play Areas

CFOC Standard and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
-----------------------------	----	----	----	----	----	----	----	----	----

6.1.0.1: Size and Location of Outdoor Play Areas

Outdoor space per child requirement 75 sq ft*	75	75	75	75	75	60	50	75	50
The facility or home should be equipped with an outdoor play area that directly adjoins the indoor facilities or that can be reached by a route that is free of hazards and is no farther than one-eighth mile from the facility.	●	●	●	●	●	●	●	●	●
There should be separated areas for play for the following ages of children: • Ages six through twenty-three months • Ages two to five years* • Ages five to twelve years**	●	●	●	●	●	●	●	●	●
The outdoor playground should include an open space for running that is free of other equipment.	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met ● Partially Meets ● Fully Meets

Note: Numerical ratings represent square footage for indoor outdoor space requirements. All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 36C. States' Level of Alignment with Best Practices Inspection of Indoor and Outdoor Play Areas and Equipment

CFOC Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
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6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment

The indoor play areas and equipment should be inspected daily for all hazards indicated on page 1	●	●	●	●	●	●	●	●	●
The outdoor play areas and equipment should be inspected daily for all hazards indicated on page 1	●	●	●	●	●	●	●	●	●
Daily inspections of indoor/outdoor equipment should be documented and filed, and the problems corrected.	●	●	●	●	●	●	●	●	●
Facilities should conduct a monthly inspection as outlined in CFOC's Appendix EE, America's Playgrounds Safety Report Card	●	●	●	●	●	●	●	●	●

Note: Yes or No ratings were used to report on written procedures in regulations for inspection of areas and equipment.

● Needs Improvement/Not Met ● Partially Meets ● Fully Meets

Note: Numerical ratings represent square footage for indoor outdoor space requirements. All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 36D. States' Level of Alignment with Best Practices in Indoor and Outdoor Equipment, Materials and Furnishings

CFOC Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
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5.3.1.1: Indoor and Outdoor Equipment, Materials, and Furnishings

Equipment, materials, and furnishings, accessible to children both indoors and outdoors, are sturdy, in good condition, safe to use, and used only as intended by the manufacturer and should meet the safety recommendations of the U.S. Consumer Product Safety Commission and ASTM International.	●	●	●	●	●	●	●	●	●
Prevent children from accessing equipment, materials, and furnishings that ...are unsafe, such as items that are known to be hazardous (e.g., infant walkers, inclined sleepers, trampolines)	●	●	●	●	●	●	●	●	●
...are not developmentally appropriate for a child's age or size (e.g., intended for older children)	●	●	●	●	●	●	●	●	●
...are raised above the ground or floor (e.g., playground platforms, step stools) and have neither guardrails nor protective barriers	●	●	●	●	●	●	●	●	●
...have sharp corners or points	●	●	●	●	●	●	●	●	●
...have openings that could entrap a child's body parts (e.g., head or fingers)	●	●	●	●	●	●	●	●	●
...have small parts that may detach and be choking, breathing or swallowing hazards	●	●	●	●	●	●	●	●	●
...can pinch, sheer, or crush body parts	●	●	●	●	●	●	●	●	●
Remove or make tip-over hazards secure including indoor -- Unstable furnishings or unsecured equipment (e.g., bookshelves, dressers, televisions, indoor climbing equipment)	●	●	●	●	●	●	●	●	●
Remove or make tip-over hazards secure (outdoor)--Playground equipment that is loosely anchored to the ground	●	●	●	●	●	●	●	●	●

Note: Yes or No ratings were used to report on written procedures in regulations for inspection of areas and equipment.

● Needs Improvement/Not Met ● Partially Meets ● Fully Meets

Note: Numerical ratings represent square footage for indoor outdoor space requirements. All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Table 36D. States' Level of Alignment with Best Practices in Indoor and Outdoor Equipment, Materials and Furnishings

CFOC Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
----------------	----	----	----	----	----	----	----	----	----

5.3.1.1: Indoor and Outdoor Equipment, Materials, and Furnishings, CON'T.

Remove tripping and strangulation hazards or make them inaccessible to children	●	●	●	●	●	●	●	●	●
Remove or repair equipment, materials and furnishings that are worn, damaged or in poor condition such as items with ○ Loose, rusty, or cracked parts ○ Rotted or split wood or plastic pieces that can cause splinters or other injuries ○ Protruding nails, bolts, or other components that could cause injury ○ Missing or damaged protective caps or plugs ○ Flaking paint or paint that may have lead or other hazardous materials	●	●	●	●	●	●	●	●	●
Prevent children from playing with or on outdoor equipment , materials, and furnishings that are ...too hot or cold to use	●	●	●	●	●	●	●	●	●
...spaced too closely together for safety	●	●	●	●	●	●	●	●	●
...are climbing equipment or swings installed on surfaces that cannot absorb the impact of a fall	●	●	●	●	●	●	●	●	●
Inspect newly acquired equipment/furnishings carefully to decide if they meet 5.3.1.1 before allowing children to use the items.	●	●	●	●	●	●	●	●	●
Check U.S. Consumer Product Safety Commission (CPSC) for safety hazards for recalled toys/equipment	●	●	●	●	●	●	●	●	●

Note: Yes or No ratings were used to report on written procedures in regulations for inspection of areas and equipment.

● Needs Improvement/Not Met ● Partially Meets ● Fully Meets

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description

How Can Missouri Improve

5.1.2.1 Indoor Space Per Child

Missouri can improve best practices for indoor space by increasing from 35 to the recommended 42 square feet per child. Missouri meets almost all of the recommended exclusions for the floor space formula such as excluding permanent cots, cribs, workspace for staff and furniture. Missouri can add circulation areas such as walkways around tables and activity areas to fully meet the second part of 5.1.2.1.

6.1.0.1 Size and Location of Outdoor Play Area

Missouri meets the square footage for outdoor play space of 75 square feet. Missouri can improve best practices for outdoor spaces by adding to its existing specifications that the outdoor area should be no farther than one-eighth mile from the building. Missouri does designate a separate area for infants and toddlers but can improve by also including separate areas for ages 2 to five years old and for ages five and up.

6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment

Missouri needs to improve on all practices for inspection of indoor and outdoor play areas and equipment. Adding a policy with procedures for daily and regular inspections will increase safety for all children. States and programs should use the CFOC's Appendix EE America's Playgrounds Safety Report Card as a resource.

5.3.1.1 Indoor and Outdoor Equipment, Materials, and Furnishings

Of the 17 practices in this standard, Missouri is meeting five and partially meeting 7. Missouri should strengthen existing standards for indoor and outdoor equipment, materials and furnishings by:

- making sure regulations specify that these items are only used as intended by the manufacturer
- not allowing trampolines to be used.
- specifying that indoor equipment should be developmentally appropriate for a child's age or size.
- specifying procedures to prevent the use of equipment and materials with small parts that are choking hazards
- specifying the removal and repair of equipment and furniture that is in poor condition.

Missouri should add regulations that address:

- the removal of all tip-over or unstable furniture and equipment
- preventing children from playing with or on outdoor equipment, etc., when the equipment is too cold or too hot, and if spaced too closely together, and;
- following the US Consumer Product Safety Commission for safety hazards and recalls for all equipment and furnishings used.

Special Note on Outdoor Enclosures and Building Exits

The topic of Indoor and Outdoor Environment Safety includes the need for proper enclosures, exits, and gates. Most of Missouri's neighboring states follow state or national fire codes, rather than having fire safety procedures within their licensing regulations, making it difficult to compare them with CFOC practices. Researchers also found that states' inspection checklists only note if a fire inspection is passed, without details. Therefore, only Missouri's licensing regulations, which do cover enclosures, exits, and gates, were assessed. The following areas need improvement:

6.1.0.8 Enclosures for Outdoor Play Areas

CFOC Practices	MO
Outdoor play area enclosed with a fence or natural barriers	●
fencing/barriers do not prevent supervision of children and should conform to height of building	●
EXITS: At least two exits with one remote from the building	●
GATES: self-closing with positive self-latching closures and high enough that a child cannot open it	●
Fence and gate openings no larger than 3 and one half inches	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description.

Missouri can improve on practices related to this standard by including:

- fencing and barriers do not impede outdoor supervision of children
- At least two exits with one remote from the building
- That gates have positive self latching closures and are high enough that a child cannot open them, and;
- fence and gate openings are no larger than 3 and one half inches.

Resources

- Caring for Our Children [America's Playgrounds Safety Report Card](#)



Firearm Safety

What are the critical safety parameters regarding firearms that early care and education settings should follow?



In 2020 and 2021, the leading cause of death for children and youth up to age 24 in the United States was firearms. Firearms also can cause consequential, long-term injuries. As makes intuitive sense, preventing children's access to firearms can decrease the risk of unintentional shooting injuries and deaths¹.

Some U.S. states have less restrictive firearm purchase and "right to carry" laws, meaning it may be more likely that adults will bring firearms into, or store firearms in an early care and education facility. To support the safety of children and staff within those facilities, licensing regulations should address policies and practices related to firearms. The Caring for our Children²(CFOC) standard 5.5.0.8 includes three key firearm-related safety practices:

- Early care and education facilities should not have firearms, pellet or BB guns, stun guns, paintball guns, or items manufactured for play as toy guns on their premises at any time.
- If present in a family child care home, firearms should be unloaded, equipped with child protective device, and locked, and with ammunition locked in a separate location inaccessible to children
- Parents should be informed of a facility's firearm policy

How do the states measure up?



Licensing requirements from Missouri and its bordering states were examined for practices related to firearm safety in the early care and education program. Table 37 displays the results.

¹ Lee, L. K., Flegler, E. W., Goyal, M. K., Fraser, K., Laraque-Arena, D., & Hoffman, B. D. (2022). Firearm-related injuries and deaths in children and youth (Technical report). *Pediatrics*, 150(6), e2022060071. Roberts, B. K., Nofi, C. P., Cornell, E., Kapoor, S., Harrison, L., & Sathya, C. (2023). Trends and disparities in firearm deaths among children. *Pediatrics*, 152(3), e2023061296.

² American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

Table 37. States' Level of Alignment to Best Practices for Firearm Safety

CFOC Standard and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
Programs should not have firearms, etc.	●	●	●	●	●	●	●	●	●
If firearms are present in a family child care home, the firearms must be unloaded, equipped with child protective devices and locked with ammo locked in separate location that are all inaccessible to children	●	●	●	●	●	●	●	●	●
Parents are informed of this policy	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description

How Can Missouri Improve

Missouri's regulations for group homes and child care centers require that firearms, ammunition, and other weapons be stored in locked cabinets or closets. To align with best practices, Missouri should revise these regulations to exclude all firearms and potentially threatening weapons from these facilities entirely. Additionally, **Missouri** should ensure that written policies provided to parents clearly outline rules regarding firearms.

For family child care homes, **Missouri** should specify that firearms must be kept unloaded and stored separately from ammunition in locked areas inaccessible to children.

Nebraska's regulations for centers fully meet best practices by prohibiting firearms, other hazardous weapons, and related items unless the center is located in a private residence. In such cases, firearms must be unloaded, and ammunition stored separately in locked storage.

Resources

- [Missouri's Firearm Safety Brochure](#)
- [Children's Mercy Hospital, Kansas City Missouri Newsletter on Firearm Safety](#)
- [Center for Childhood Safety](#)
- [Handguns in the Home](#)
- [Children and gun safety: What to know and do - Harvard Health](#)
- [Grandparents for Gun Safety](#)
- [Project ChildSafe](#)



Bodies of Water and Swimming Pool Safety

What are the critical considerations for addressing bodies of water and swimming pool activities within early care and education settings?



In early care and education settings, warm weather often means outdoor water play or trips to spray parks and pools. While water play is enjoyable for children, it can also pose risks such as accidental drowning, even under close adult supervision. Play areas near bodies of water like ponds or pools require specific safety measures to ensure children's safety.

Three standards from Caring for Our Children¹(CFOC) provide comprehensive guidelines for safe water activities:

1.1.1.5: Ratios and Supervision for Swimming, Wading, and Water Play

- Focused Attention: Adults must closely monitor children without distractions like phones or chores.
- Touch Supervision: Infants need direct physical contact, and toddlers to preschoolers should be within arm's reach.
- Child:Ratios: One adult per child for infants and toddlers, and a ratio of 1:4 for preschoolers and 1:6 for school-age children during water activities.

6.1.0.6: Location of Play Areas Near Bodies of Water

- Outdoor play areas should be free of unfenced swimming pools, ditches, or other water bodies.

6.3.1.1: Enclosure of Bodies of Water

- All water hazards must be enclosed by a fence or barrier that is at least 4 to 6 feet high, with no gaps larger than 2 inches and openings no wider than 3.5 inches.
- The barrier should discourage climbing and have self-closing, latching gates secured at least 54 inches from the ground.
- These standards ensure that water play areas are safe and supervised, reducing the risk of accidents for children in early care and education settings.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How do the states measure up?



Licensing rules from Missouri and neighboring states were reviewed for how well they align with three CFOC standards on water safety and activities. See Table 38 for details.

Table 38. States' Level of Alignment to Best Practices for Bodies of Water and Swimming Pool Safety

CFOC Standards and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
------------------------------	----	----	----	----	----	----	----	----	----

1.1.1.5 Ratios and Supervision for Swimming, Wading and Water Play

Infant 1:1	●	NA	●*	●	●	NA	●*	●*	●*
Toddler 1:1	●	NA	●*	●	●	NA	●*	●*	●*
Preschooler 4:1	●	●	●*	●	●	NA	●*	●*	●*
School age 6:1	●	●	●*	●	●	NA	●*	●*	●*

Note:*State provides restrictive ratios specific to swimming pools.

NA: Kentucky does not allow activities associated with large bodies of water.

Arkansas does not allow water play for children under 3 years of age.

CFOC Standards and Practices	MO	AR	IL	IA	KS	KY	NE	OK	TN
------------------------------	----	----	----	----	----	----	----	----	----

1.1.1.5 Ratios and Supervision for Swimming, Wading and Water Play, Continued

A lifeguard should not be counted in the child:staff ratio.	●	●	●	●	●	NA	●	●	●
Use "Touch Supervision" supervising adult should be within an arm's length of children 13 months - age 5	●	●	●	●	●	NA	●	●	●
Focused Attention The attention of the supervising adult should be focused on the child; adult should never engage in distracting activities, such as telephone use, socializing, or tending to chores.	●	●	●	●	●	NA	●	●	●

Note: NA: Kentucky does not allow activities associated with large bodies of water.

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

NA does not allow swimming/water activities for certain age groups Related Standard: 2.2.0.4 Supervision Near Bodies of Water

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description

6.1.0.6 Location of Play Areas Near Bodies of Water

Outside play areas should be free from unfenced swimming and wading pools, ditches, quarries, canals, excavations, fish ponds, water retention or detention basins, and other bodies of water	●	●	●	●	●	●	●	●	●
---	---	---	---	---	---	---	---	---	---

6.3.1.1 Enclosure of Bodies of Water

All water hazards should be enclosed with a permanent fence, wall, building wall, or combination thereof that is 4 to 6 feet in height or higher; at least 3 feet horizontally from the body of water; and has no more than 2 inch gap from surface to barrier/fence.	●	●	●	●	●	●	●	●	●
Enclosures should be constructed to discourage climbing/kept in good repair	●	●	●	●	●	●	●	●	●
Exit and entrance points should have self-closing, positive latching gates with locking devices a minimum of 54 inches from the ground	●	●	●	●	●	●	●	●	●

● Needs Improvement/Not Met, ● Partially Meets, ● Fully Meets

NA does not allow swimming/water activities for certain age groups Related Standard: 2.2.0.4 Supervision Near Bodies of Water

Note: All standards included in this table are applicable to Child Care Centers, Large Family Child Care Homes and Small Child Care Homes. Ratings are based on alignment of states' Child Care Center legal documents to the CFOC description

How Can Missouri Improve

Missouri should establish specific child-to-staff ratios for swimming and water play, distinct from general classroom ratios.

Missouri's current regulations lack clear supervision guidelines for water activities, such as requiring focused attention and touch supervision. They currently mandate a certified lifeguard during swimming but should clarify that lifeguards do not count in child-to-staff ratios.

Missouri's rules on location of play areas near water are vague and need updating. They should specify that play areas must be free from unfenced bodies of water like pools, ditches, and ponds. Regulations on enclosures around swimming pools could be strengthened by requiring fences to be 4 to 6 feet tall, positioned at least three feet from the water, with small gaps to prevent access, and secure locking gates.

Resources

- [Water Safety Handout Missouri Department of Social Services](#)
- Caring for Our Children:
- [Appendix P: Situations that Require Medical Care Right Away](#)
 - [Appendix CC: Incident Report Form](#)
 - [Appendix DD: Child Injury Report Form for Indoor and Outdoor Injuries](#)
 - [Appendix NN: First Aid and Emergency Supply Lists](#)



Fire Safety

What are the critical considerations in ensuring early care and education facilities meet best practices in fire safety regulations?



Early care and education facilities can be found in various settings, from standalone buildings to spaces within larger structures or private homes. Regardless of the setting, fire safety practices are crucial due to potential fire hazards like cooking appliances, heating units, and electrical malfunctions. These practices are especially vital for programs with infants, toddlers, and preschoolers who may need assistance during fire evacuations.

Unlike neighboring states, Missouri lacks a statewide fire code, so directors and staff rely on licensing regulations and local guidelines for fire safety. Annual inspections ensure compliance with safety standards, although specific fire codes can vary by jurisdiction and may not apply uniformly across the state.

Several Caring for our Children¹(CFOC) standards guide fire safety evaluations in Missouri's group homes and centers:

- 1. Inspection of Buildings (5.1.1.2):** A qualified inspector must verify compliance with building and fire codes before children are allowed in the facility.
- 2. Compliance with Fire Prevention Code (5.1.1.3):** Facilities must annually document adherence to a state-approved or nationally recognized Fire Prevention Code, certified by a fire prevention official.
- 3. Use of Fire Extinguisher (3.4.3.2):** Staff should have access to fire extinguishers, know their locations, and be trained in their proper use using the "pull, aim, squeeze, and sweep" technique.
- 4. Smoke Detection Systems and Smoke Alarms (5.2.5.1):** Smoke alarms should be strategically installed throughout the facility, including corridors, lounges, recreation areas, and sleeping rooms. Batteries should be available in case of power outages.
- 5. Response to Fire and Burns (3.4.3.3):** Caregivers and teachers should participate in annual fire drills to practice the fire emergency action plan, including alarm activation, evacuation procedures, extinguisher use, and communication with families and staff.

Implementing and adhering to these standards ensures early care and education facilities in Missouri are prepared to handle fire emergencies effectively and safeguard the children in their care.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety of Child Care and Early Education. CFOC Standards Online Database. Retrieved from <https://nrckids.org/CFOC/Database>

How does Missouri measure up?



Licensing requirements from Missouri were reviewed for how closely they are aligned to best practices in fire safety. Table 39 displays the results.

Table 39. Missouri's Alignment to Best Practices for Fire Safety

CFOC Standard and Best Practices	MO
5.1.1.2 Inspection of Buildings	●
5.1.1.3 Compliance with Fire Prevention Code	●
3.4.3.2 Use of Fire Extinguishers	●
5.2.5.1 Smoke Detection Systems and Smoke Alarms	
Smoke alarms in centers should be installed in: • Each story in front of doors to the stairway; • Corridors of all floors; • Lounges and recreation areas; • Sleeping rooms.	●
Battery-operated smoke alarms & supply of batteries	●
In large and small family child care homes, smoke alarms that receive their operating power from the building electrical system or are of the wireless signal-monitored-alarm system type should be installed. Battery-operated smoke alarms should be permitted provided that the facility demonstrates to the fire inspector that testing, maintenance, and battery replacement programs ensure reliability of power to the smoke alarms and signaling of a monitored alarm when the battery is low and that retrofitting the facility to connect the smoke alarms to the electrical system would be costly and difficult to achieve	●
3.4.3.3 Response to Fire and Burns	
Caregivers/teachers should participate in fire drills, at least annually, to practice and carry out the fire emergency action plan in the event of an actual fire.	●
Staff should be trained in the fire emergency action plan; the plan should include the action items in the CFOC • pull alarm • evacuate & first aid • discharge extinguisher • communicate	●
Staff should be trained to evacuate children first and then use an extinguisher (if possible to put out the fire)	●

● Meets the Standard ● Partially Meets ● Not Met/Needs Improvement

How Can Missouri Improve

Missouri can ensure that its licensing regulations specify that all centers need to meet best practices for smoke detection systems. Currently the regulation only states a full coverage fire alarm system is required for centers serving more than 50 children. Additionally, Missouri can improve by specifying smoke detectors be installed in doors to stairways, lounges, and corridors of all floors.

Missouri can improve regulations regarding responses to fire and burns by specifying that all staff must be trained to evacuate children first, to be trained in using a fire extinguisher properly.

Resources

- [EMS Planning Guide for Child Care -- Illinois Department of Public Health](#)





Summary Report

Strengths and Limitations

Recommendations

Acknowledgments

Appendix



Strengths and Limitations

This study used a structured and methodological approach to conduct the content analysis of state child care licensing regulations, which included determining a framework for the study based on scientific research and national recommendations for quality early care and education. Ratings were based on multiple rounds of review and when necessary reaching agreement among researchers to provide reliable results. Importantly, to our knowledge, this is the first study to conduct an in depth comparison of nine states' licensing regulations to over 100 best practice standards.

Research results are based on a review of the child licensing regulations and other licensing-related documents that researchers located between January and June 2024. It is possible other documents could have informed this review, but are not publicly available. When researchers were unable to identify certain regulations, it may also be due to the broader policy context within a state or the existence of other regulations that make it unnecessary for a topic to be included in child care licensing rules. Relatedly, researchers only reviewed documents at the state level and not based on regional or local jurisdictions. For example, child care facilities may have adopted additional policies based on municipalities that also impact their operational practices. We did not explore these contexts. In addition, due to narrowing the scope of the review, results are primarily based on ratings derived from analysis of states' licensing regulations for child care centers, as almost all of the CFOC standards included are written for all three types of licensed child care settings--centers, large family child care homes, and small family child care homes. Lastly, regulations can change over time; the information that we report here was current as of the time of our study.

Recommendations

According to the National Association for the Education of Young Children, deregulation of child care lowers health, safety, staffing and qualifications requirements which is ultimately detrimental to creating safe and high quality environments for young children¹. Any consideration for how to modify or improve regulations should always be contextualized with the understanding that young children need close supervision by trusted and caring professionals, who understand the importance of establishing high-quality relationships and environments that provide safe, quality care and education⁴.

The results presented here suggest four overall options for improvement for Missouri child care licensing stakeholders to consider. First, stakeholders can use the Best Practice Profiles to help understand areas that require strengthened regulations. Each profile discusses results and specific recommendations for how Missouri can improve by either making small tweaks to existing language, changing vague or outdated language, or adding additional statements to move closer to the specific CFOC practice. Supplemental tables like [Appendix A Summary of Individual States' Alignment to Caring for Our Children Standards and Practices](#) will help stakeholders prioritize and develop short and long range plans for strengthening regulations that govern early care and education in Missouri.

¹ A National Association for the Education of Young Children. (2024). The Costs of Deregulating Child Care Decreased Supply, Increased Turnover, and Compromised Safety. https://www.naeyc.org/sites/default/files/wysiwyg/user-73607/2024naeycderegulationresource_final.pdf

Second, Missouri stakeholders could closely review the 27.5% of regulations that almost fully meet the standards, with priority given to the increased regulations that would not require substantial financial investments but would result in more sound practices for health and safety. For example, for [Safe Sleep Practices](#), Missouri leads most bordering states. Missouri can make a few minor changes to its existing regulations to better care for infants' and children's nap and sleeping arrangements. Other licensing categories that almost fully meet the CFOC standards, such as, Hiring Requirements--Background Screenings, First Aid and CPR Training, Orientation Training, can also be examined for the small changes required.

The third area focuses on regulations for licensing categories such as Screen Time & Media Use, Child Observation and Assessment, and Materials for Children. These regulations may be more easily updated and implemented with collaboration between state agencies who can support implementation with current, updated resources and training options.

The fourth area focuses on the licensing categories that represent some steeper hills to climb. For instance, to increase staff qualifications for both director and teaching roles, both financial and programmatic investments will be required, as will system-wide planning and support to ensure sufficient capacity within the state's institutions of higher education. Stakeholders can review the examples from other states provided in the Best Practice Profiles to avoid 'reinventing-the-wheel' and instead learn how states like Illinois, Iowa and Arkansas have prioritized and inched closer to including more practices that align to CFOC standards for director and teacher qualifications. For we clearly know, high-quality early care and education environments for young children are cultivated through warm, responsive interactions facilitated by knowledgeable and skilled adults, and that it is especially critical for qualified early care and education staff to possess strong foundational knowledge about child development and understand the biological and environmental factors that can both enhance and impede young children's behavior and learning.

Additional regulations may be difficult to implement best practices immediately because they impact an early care and education provider's bottom line. These regulations include CFOC standards for Child:Staff Ratios or Indoor Outdoor Environmental Safety, because they must budget for additional staff and additional indoor and outdoor space, or reduce the number of children enrolled to meet more stringent ratio and space requirements.

The Office of Childhood aims to expand and improve high-quality early learning opportunities for children birth to age five in Missouri. In addition, the Department of Elementary and Secondary Education has a mission of providing access to opportunity and improving lives through education as a means for "showing me success." The Missouri Child Care Licensing Alignment Study is one tool that can help state stakeholders make strategic decisions about how its child care licensing regulations might be improved to support these interrelated goals

Acknowledgements

The Missouri Child Care Licensing Alignment Study was completed in conjunction with the Department of Elementary and Secondary Education Office of Childhood Division of Child Care Compliance and the University of Central Missouri. The project team led by the University of Central Missouri Early Childhood Program included:

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Acknowledgements, con't.

Brandy Peterson, B.A., Mid-America Regional Council Kansas City, Missouri, began her career in early childhood education 26 years ago while attaining my BA in Sociology. Brandy earned her CDA in 2005 assisting her role as a teacher and entered the leadership role in 2006 with 26 years at centers in Kansas and Missouri. Brandy's experience covers public, private, corporate, and non-profit programs. I am passionate about director leadership and growth and outdoor learning experiences.

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Appendix



Appendix A. Summary of Individual States' Alignment to Caring for Our Children Standards and Practices

	Licensing Categories Needing Improvement	Licensing Categories Partially Meeting CFOCs	Licensing Categories Almost Meeting CFOCs	Licensing Categories Fully Meeting CFOCs
Oklahoma	10 • Director Qualifications • Staff Qualifications • Hiring Requirements-Adult Health Practices • Pre-Service Training for Directors • Child Staff Ratios • Child Observation and Assessment • Care for School Age Children • Feeding Infants and Toddlers • Emergency Preparedness • Indoor and Outdoor Environment Safety	11 • FCCH Provider Qualifications • Annual Training Requirements • Health and Safety Training Topics • Prevention and Control of Infectious Disease • Content of Policies • Equipment for Children's Activities • Materials for Activities • Infant Toddler Relational Environment • Transportation • Firearm Safety • Bodies of Water and Swimming Pool Safety	13 • Hiring Requirements--Background Screening • Orientation Training • Caring for Ill Children • Nutrition and Meal Requirements • Food Safety Precautions • Physical Activity • Supervision of Children • Screen Time & Media Use • Behavioral Guidance • Caring for Children with Special Health Needs • Safe Sleep Practices • Additional Qualifications for Caring for Infants and Toddlers • Diapering	5 • First Aid and CPR Training • Immunizations • Medication Administration • Preschool Children's Activities • Family Involvement
Illinois	10 • FCCH Provider Qualifications • Pre-Service Training for Directors • Annual Training Requirements • Immunizations • Food Safety Precautions • Child Staff Ratios • Child Observation and Assessment • Equipment for Children's Activities • Transportation • Firearm Safety	15 • Director Qualifications • Staff Qualifications • Orientation Training • Health and Safety Training Topics • Prevention and Control of Infectious Disease • Caring for Ill Children • Supervision of Children • Materials for Activities • Family Involvement • Behavioral Guidance • Safe Sleep Practices • Feeding Infants and Toddlers • Emergency Preparedness • Indoor Outdoor Environment Safety • Bodies of Water and Swimming Pool Safety	11 • Hiring Requirements--Background Screening • Hiring Requirements-Adult Health Practices • First Aid and CPR Training • Medication Administration • Nutrition and Meal Requirements • Content of Policies • Physical Activity • Screen Time & Media Use • Care for School Age Children • Caring for Children with Special Health Needs • Diapering	3 • Preschool Children's Activities • Additional Qualifications for Caring for Infants and Toddlers • Infant Toddler Relational Environment
Iowa	12 • Staff Qualifications • Pre-Service Training for Directors • Child Staff Ratios • Annual Training Requirements • Health and Safety Training Topics • Child Observation and Assessment • Equipment for Children's Activities • Screen Time & Media Use • Diapering • Transportation • Firearm Safety • Bodies of Water and Swimming Pool Safety	16 • FCCH Provider Qualifications • Hiring Requirements-Adult Health Practices • First Aid and CPR Training • Orientation Training • Caring for Ill Children • Safe Sleep Practices • Food Safety Precautions • Physical Activity • Supervision of Children • Materials for Activities • Family Involvement • Caring for School Age Children • Additional Qualifications for Caring for Infants and Toddlers • Feeding Infants and Toddlers • Emergency Preparedness • Indoor Outdoor Environment Safety	11 • Director Qualifications • Hiring Requirements--Background Screening • Medication Administration • Immunizations • Prevention and Control of Infectious Disease • Nutrition and Meal Requirements • Content of Policies • Preschool Children's Activities • Behavior Guidance • Caring for Children with Special Health Needs • Infant Toddler Relationship Environment	

	Licensing Categories Needing Improvement	Licensing Categories Partially Meeting CFOCs	Licensing Categories Almost Meeting CFOCs	Licensing Categories Fully Meeting CFOCs
Arkansas	14 • Staff Qualifications • FCCH Provider Qualifications • Pre-Service Training for Directors • Child Staff Ratios • Annual Training Requirements • Food Safety Precautions • Materials for Activities • Child Observation and Assessment • Feeding Infants and Toddler • Diapering • Emergency Preparedness • Indoor and Outdoor Environment Safety • Firearm Safety • Bodies of Water and Swimming Pool Safety	13 • Hiring Requirements-Adult Health Practices • Orientation Training • Health and Safety Training Topics • Immunizations • Prevention and Control of Infectious Disease • Caring for Ill Children • Physical Activity • Content of Policies • Supervision of Children • Screen Time & Media Use • Care for School Age Children • Safe Sleep Practices • Transportation	9 • Director Qualifications • Hiring Requirements--Background Screening • First Aid and CPR Training • Medication Administration • Nutrition and Meal Requirements • Equipment for Children's Activities • Behavior Guidance • Caring for Children with Special Health Needs • Infant Toddler Relational Environment	3 • Preschool Children's Activities • Family Involvement • Additional Qualifications for Caring for Infants and Toddlers
Tennessee	15 • Staff Qualifications • Hiring Requirements-Adult Health Practices • Annual Training Requirements • Health and Safety Training Topics • Food Safety Precautions • Child Staff Ratios • Child Observation and Assessment • Materials for Activities • Family Involvement • Caring for School Age Children • Diapering • Emergency Preparedness • Transportation • Indoor Outdoor Environment Safety • Bodies of Water and Swimming Pool Safety	9 • FCCH Provider Qualifications • Pre-Service Training for Directors • Prevention and Control of Infectious Disease • Caring for Ill Children • Content of Policies • Equipment for Children's Activities • Caring for Children with Special Health Needs • Feeding Infants and Toddlers • Firearm Safety	10 • Director Qualifications • Hiring Requirements--Background Screening • Immunizations • Orientation Training • Nutrition and Meal Requirements • Physical Activity • Supervision of Children • Screen Time & Media Use • Behavioral Guidance • Safe Sleep Practices	5 • First Aid and CPR Training • Medication Administration • Preschool Children's Activities • Additional Qualifications for Infant Toddler Teachers • Infant Toddler Relational Environment
Missouri	19 total not met • Director Qualifications • Staff Qualifications • FCCH Provider Qualifications • Pre-Service Training for Directors • Annual Training Requirements • Health and Safety Training Topics • Child Staff Ratios • Materials for Activities • Screen Time and Media Use • Child Observation and Assessment • Caring for School Age Children • Caring for Children with Special Health Needs • Feeding Infants and Toddlers • Diapering • Emergency Preparedness • Transportation • Indoor and Outdoor Environment Safety • Firearm Safety • Bodies of Water and Swimming Pool Safety	11 total partially meet • Hiring Requirements-Adult Health Practices • Immunizations • Nutrition and Meal Requirements • Food Safety Precautions • Physical Activity • Content of Policies • Supervision of Children • Equipment for Children's Activities • Family Involvement • Behavioral Guidance • Additional Qualifications for Caring for Infants and Toddlers	10 almost there • Hiring Requirements--Background Screening • First Aid and CPR Training • Orientation Training • Medication Administration • Prevention and Control of Infectious Disease • Caring for Ill Children • Preschool Children's Activities • Safe Sleep Practices • Infant Toddler Relational Environment • Fire Safety	0

	Licensing Categories Needing Improvement	Licensing Categories Partially Meeting CFOCs	Licensing Categories Almost Meeting CFOCs	Licensing Categories Fully Meeting
Kentucky	19 • Staff Qualifications • FCCH Provider Qualifications • Hiring Requirements-Adult Health Practices • Pre-Service Training for Directors • Annual Training Requirements • Health and Safety Training Topics • Caring for Ill Children • Child Staff Ratios • Equipment for Children's Activities • Materials for Children's Activities • Family Involvement • Behavioral Guidance • Child Observation and Assessment • Infant Toddler Relationship Environment • Feeding Infants and Toddlers • Emergency Preparedness • Indoor and Outdoor Environment Safety • Firearm safety • Bodies of Water and Swimming Pool Safety	12 • Director Qualifications • Orientation Training • Immunizations • Medication Administration • Prevention and Disease Control • Food Safety Precautions • Physical Activity • Caring for Children with Special Health Needs • Safe Sleep practices • Additional Qualifications for Caring for Infants and Toddlers • Diapering • Transportation	4 • Hiring Requirements--Background Screening • Nutrition and Meal Requirements • Supervision of Children • Screen Time & Media Use	2 • First Aid and CPR Training • Preschool Children's Activities
Nebraska	21 • Director Qualifications • Staff Qualifications • FCCH Provider Qualifications • Hiring Requirements-Adult Health Practices • Pre-Service Training for Directors • Child Staff Ratios • Annual Training Requirements • Health and Safety Training Topics • Caring for Ill Children • Food Safety Precautions • Equipment for Children's Activities • Materials for Children's Activities • Screen Time & Media Use • Family Involvement • Child Observation and Assessment • Feeding Infants and Toddlers • Diapering • Emergency Preparedness • Transportation • Indoor and Outdoor Safety • Bodies of Water and Swimming Pool Safety	10 • Immunizations • Physical Activity • Supervision of Children • Preschool Children's Activities • Behavior Guidance • Care for School Age Children • Caring for Children with Special Health Needs • Safe Sleep Practices • Infant Toddler Relationship Environment • Firearm Safety	5 • Hiring Requirements--Background Screening • Orientation Training • Medication Administration • Prevention and Control of Infectious Disease • Nutrition and Meal Requirements	2 • First Aid and CPR Training • Additional Qualifications for Caring for Infants and Toddlers

	Licensing Categories Needing Improvement	Licensing Categories Partially Meeting CFOCs	Licensing Categories Almost Meeting CFOCs	Licensing Categories Fully Meeting
Kansas	23 • Director Qualifications • Staff Qualifications • Pre-Service Training for Directors • Annual Training Requirements • Health and Safety Training Topics • Immunizations • Caring for Ill Children • Nutrition and Meal Requirements • Food Safety Precautions • Child Staff Ratios • Child Observation and Assessment • Supervision of Children • Equipment for Children's Activities • Materials for Children's Activities • Screen Time & Media Use • Behavior Guidance • Infant Toddler Relationship Environment • Feeding Infants and Toddlers • Emergency Preparedness • Transportation • Indoor Outdoor Environment Safety • Firearm Safety • Bodies of Water and Swimming Pool Safety	10 • FCCH Provider Qualifications • Hiring Requirements-Adult Health Practices • First Aid and CPR Training • Prevention and Control of Infectious Disease • Physical Activity • Content of Policies • Family Involvement • Caring for School Age Children • Caring for Children with Special Health Needs • Safe Sleep Practices	4 • Orientation Training • Medication Administration • Preschool Children's Activities • Diapering	2 • Hiring Requirements - Background Screening • Additional Qualifications for Caring for Infants and Toddlers

Note: Missouri is evaluated on 40 licensing categories. All other states except Kentucky are evaluated on 39, This is due to nuances regarding State Fire code and its impact on the Fire Safety Licensing Category, and due to Kentucky not having caring for school age children in their birth to five regulations.

Appendix B. Summary of Current Requirements for Directors of Child Care Centers and Homes in Missouri and its Bordering States

Appendix B. Summary of Current Requirements for Directors of Child Care Centers and Homes in Missouri and its Bordering States

	Ranges in States' Minimum Education Requirements (Standard=Bachelor's in the field)	Child-Related Coursework (Standard=24)	Director-related Coursework (Standard=9)	Experience (Standard=3 verified years ECE teacher)
Iowa	Five options for education ranging from AA to BA A nursing degree may be substituted for directors in a center predominantly serving children with special needs. A degree in elementary education is accepted for a director working in a center predominantly serving school age children.	Clearly specified in preferred degree	At least one business administration course or 12 contact hours in administrative-related training	3 years is implied with the formula used to identify experience and education. Experience levels range from registered child development home provider to full time experience in child care or preschool setting.
Arkansas	Four options for education levels ranging from: AA/6 years to BA OR 8 years experience and CDA/credential	Clearly evident in preferred degrees	Director's Credential noted at one level	Experience of at least four years is required for non-child related degrees.
Tennessee	Four options for education ranging from 1. continuously employed as a director/owner (grandfathered in from rule change) to 2. High School Diploma plus Tennessee Early Childhood Training Alliance Certificate 3. 36 hours of coursework, with 30 related to job as director 4. Bachelor's degree* *BA/BS is non specified with one year full time experience with children in a group setting or nursing degree	Some evidence in the option 2 and 3	In some education options such as a state director's credential and/or training noted	1 to 4 years of full time experience. 1 year experience coordinates with a four year degree.
Illinois	Education requirement specified by predominant group of children served, preschool vs school age. Range includes: 1. completion of a credentialing program (640 clock hours within 5 years) 2. 12 semester hours 3. 30 semester hours 4. 60 semester hours 5. As of July 1, 2017, minimum AA in child dev/early childhood education or the equivalent and a state issued director's credential	Range of education specifies child-related courses	Illinois Director Credential or three hours of administration, leadership or management	Two years of experience with some levels of education
Oklahoma	Five options 1. HS/GED plus Child Dev Assoc. 2. Bachelor's in any field (as of 2016) 3. 3 credits English composition, with 9 ECE credits or CDA 4. Associate's degree, with 12 ECE credit hours 5. Bachelor's or above, with 15 ECE credit hours	Range of education goes up to 15 early childhood, child development credits	3 credit hours in Administration courses	Range of 3 months to 1 year of experience.
Kentucky	Education ranges from: 1. Experience equivalent (3 years verified) 2. CDA (plus one year verified exp) 3. State issued director's credential (plus one year verified) 4. AA unrelated plus 2 years verified 5. AA child-related 6. Bachelor's or master's unrelated with 12 clock hours child-related 7. Bachelor's in ece 8. Master's in ece	Range of education includes emphasis on child related content and/or experience	6 hours of admin training for family child care homes	If not a child-related degree, at least two years verified experience is required which increases to three years when not possessing a CDA.

Appendix B, con't.

Appendix B. Summary of Current Requirements for Directors of Child Care Centers and Homes in Missouri and its Bordering States

	Ranges in States' Minimum Education Requirements (Standard=Bachelor's in the field)	Child-Related Coursework (Standard=24)	Director-related Coursework (Standard=9)	Experience (Standard=3 verified years ECE teacher)
Nebraska	Education ranges from: 1. At least 6 college credits or 36 clock hours 2. 36 department approved clock hours 3. High school diploma (and 3000 clock hours (2 years) verified experience) 4. CDA 5. AA child-related 6. BA w/6 credits in ece 7. BA in ece	Range includes focus on child related content at varied training or emphasis	Business courses may be included	Verified teaching experience is not specified
Missouri	Education ranges from: 1. 30 college semester hours, with 6 credits child-related 2. 60 college semester hours, 12 credits child-related 3. 90 college semester hours with 18 child related credits 4. 120 college credits with 24 child-related credits and 6 focused on administration in child programs	Range of 6 to 24 credit hours in child-related course work	Only required for directors of centers with 100 or more children	Experience, including part-time experience, is an equivalent to education
Kansas	Kansas has the most options for directors differentiated by licensed capacity of program, ranging from 1. six months teaching experience 2. CDA 3. 12 semester hours 4. CDA and one year teaching 5. AA child related with one year exp 6. AA/BS with three months teaching 7. AA/BS unrelated with 12 hours or equivalent in child related and six months teaching experience	Range of education includes emphasis on child related content	Some possibility in upper levels of education that director related coursework would occur	Six months to one year of teaching experience in a licensed program

Appendix C. Kentucky Director's Credential Regulations

922 KAR 2:230. Director's credential.

RELATES TO: KRS 164.518(3), 199.8941(4), 199.896(15) - (17)

STATUTORY AUTHORITY: KRS 194A.050(1), 200.703(3)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the secretary of the Cabinet for Health and Family Services to promulgate administrative regulations necessary to cooperate with other state and federal agencies for the proper administration of the cabinet and its programs. KRS 200.703(3) requires the cabinet to implement programs funded by the Early Childhood Advisory Council. KRS 164.518(3) requires the cabinet to participate in the promulgation of administrative regulations including monetary incentives for scholarship program participants. This administrative regulation establishes the requirements for individuals to obtain a directors credential.

Section 1. Eligibility.

(1) An individual eligible for a director's credential shall have completed twelve (12) college credit hours in the following areas:

- (a) Local, state, and federal regulations and laws;
- (b) Ethics;
- (c) Programming for families and children;
- (d) Supervision and staff development;
- (e) Health and safety;
- (f) Financial management and marketing; and
- (g) Community collaboration and resource management.

(2) Completion of the twelve (12) college credit hours required by subsection (1) of this section shall be obtained at an accredited institution of higher education offering a program:

- (a) Meeting the curriculum requirements specified in subsection (1) of this section; and
- (b) Approved by the Cabinet for Health and Family Services.

(3) An individual seeking the director's credential may:

- (a) Earn the twelve (12) college credit hours as part of an early childhood education degree program; or
- (b) Enroll specifically for director's credential course work.

Section 2. Award of Credential. A director's credential shall be awarded by the cabinet upon:

- (1) Successful completion of program requirements established in Section 1(1)(a) through (g) of this administrative regulation; and
- (2) Recommendation by the institute of higher education where the course work was completed.

Section 3. Denial of Credential.

(1) If the individual fails to comply with the eligibility requirements of Section 1 of this administrative regulation, the director's credential shall be denied.

(2) If the director's credential is denied, the individual:

- (a) Shall be informed as to the requirements that resulted in the denial; and
- (b) May reapply after the requirements that caused the denial are met.

(30 Ky.R. 1158; 1562; eff. 1-5-2004; TAm eff. 10-29-2004; TAm eff. 8-1-2005; Crt eff. 11-26-2019; 47 Ky.R. 1303; eff. 6-16-2021.)

Appendix D. Oklahoma Director's Credential Regulations

Level	General Education	Early Childhood Education (ECE) Child Development (CD) School-Age (SA) Knowledge and Skills	Administration (admin) Management (mgt) Knowledge and Skills	Experience	Annual Renewal Clock-Hours
Platinum	PhD, EdD ¹ MS, MA ² BS, BA ³	15 ECE/CD/SA credit hours ⁴	9 admin/mgt credit hours ⁴	3 months ⁵	30 hours job related training ⁶
Gold	AA, AS, AAS ⁷	12 ECE/CD/SA credit hours ⁴	6 admin/mgt credit hours ⁴ -or- Directors' Leadership Academy I & II ⁸	6 months ⁵	30 hours job related training ⁶
Silver	3 credit hours ⁴ in English Composition I	Certificate of Mastery ⁹ -or- 9 ECE/CD/SA credit hours ⁴ -or- CDA/CCP ¹⁰	6 admin/mgt credit hours ⁴ -or- Directors' Leadership Academy I & II ⁸ -or- Director's Certificate of Completion ¹¹ -or- Pathway Director Training ¹²	9 months ⁵	30 hours job related training ⁶
Copper Effective 11/1/16	BS, BA ³ , or any advanced degree beyond bachelors level	Not required	Not required	12 months ⁵	30 hours job related training ⁶
Bronze	High School Diploma -or- GED	6 ECE/CD/SA credit hours ⁴ -or- CDA/CCP ¹⁰ -or- Oklahoma Competency Certificate in ECE ¹³	3 admin/mgt credit hours ⁴ -or- approved admin/mgt credential ¹⁴ -or- 40 admin/mgt clock-hours ¹⁵	12 months ⁵	20 hours job related training ⁶

Appendix D. Oklahoma Director's Credential Regulations, con't

Footnotes

1. Doctoral Degree of Philosophy, Doctoral Degree of Education.
2. Master Degree of Science, Master Degree of Art.
3. Bachelor Degree of Science, Bachelor Degree of Art.
4. Approved college credit hours must be on the Recommended Approved Coursework List (www.cecpcd.org) and articulate to a two- or four-year college or university.
5. Qualifying experience must be as a teacher, master teacher, family child care home primary caregiver, assistant director, or director in a licensed child care setting (30 hours per week).
6. **No more than 6-clock hours of informal professional development is counted toward annual renewal hours.** Training in the core content areas identified in "Oklahoma Core Competencies for Early Childhood Practitioners": 1) child growth and development; 2) health, safety and nutrition; 3) child observation and assessment; 4) family and community partnerships; 5) learning environments and curriculum; 6) interactions with children; 7) program planning, development and evaluation; and/or 8) professionalism and leadership.
NOTE: Entry Level Child Care Training-(ELCCT) cannot be used to meet level or renewal criteria.
7. Associate in Arts, Associate in Science, Associate in Applied Science.
8. Directors' Leadership Academy is available through the Center for Early Childhood Professional Development (www.cecpcd.org).
9. The Certificate of Mastery in child development or early childhood education is a minimum 18-credit hour certificate awarded by an Oklahoma community college.
10. Current Child Development Associate (CDA) or Certified Childcare Professional (CCP) credential.
11. Certificate of Completion for directors and assistant directors is issued by the Scholars for Excellence in Child Care (www.okhighered.org/scholars/).
12. Early Care and Education: Director's Pathway to Program Administration is available through Oklahoma Career Technology Centers (www.okhighered.org/scholars/career-tech.shtml).
13. Master Teacher or Director Competency Certificate only awarded by Oklahoma Department of Career Technology.
14. Approved administration/management credential, such as the National Administrator Credential (NAC).
15. Training approved through the Oklahoma Professional Development Registry, with at least 10-clock hours in any three management core knowledge areas: Educational Programming & Family Support; Personnel & Professional Self-Awareness; Staff Management & Human Relations; Leadership & Advocacy; Program Operation & Facilities Management; Legal Management; or Fiscal Management.

NOTE: Completion of Director's Entry Level Training (DELT) course meets 20-clock hours of this requirement. Informal professional development is not counted toward meeting this requirement.

Appendix E. Example for Description of Roles & Related Additional Skills Required for Working With Children as an Assistant, Aide, Volunteer

State of Illinois Licensing Regulations

Section 407.100 General Requirements for Personnel

a) Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development.

Factors contributing to the attainment of this standard include:

- 1) Emotional maturity when working with children;
- 2) Cooperation with the purposes and services of the program;
- 3) Respect for children and adults;
- 4) Flexibility, understanding and patience;
- 5) Physical and mental health that do not interfere with child care responsibilities;
- 6) Good personal hygiene;
- 7) Frequent interaction with children;
- 8) Listening skills, availability and responsiveness to children;
- 9) Sensitivity to children's socioeconomic, cultural, ethnic and religious backgrounds, and individual needs and capabilities;
- 10) Use of positive discipline and guidance techniques; and
- 11) Ability to provide an environment in which children can feel comfortable, relaxed, happy and involved in play, recreation and other activities.

b) Child care staff, in addition to meeting the requirements of subsection (a), shall generally demonstrate skill and competence necessary to assume direct responsibility for child care including:

- 1) Skills to help children meet their developmental and emotional needs; and
- 2) Skills in planning, directing, and conducting programs that meet the children's basic needs.
- 3) Child care staff shall be willing to participate in activities leading to professional growth in child development and education, and in training related to the specific needs of the children served.
- 4) Staff serving children who require special program services shall receive in-service training and/or consultation on issues related to those specific needs.
- 5) By September 1, 2012, all child care staff employed by the day care center, assistants and the director shall become members of the Gateways to Opportunity Registry, with all educational and training credentials entered into the registry verified in accordance with procedures and requirements adopted by the Department of Human Services (see 89 Ill. Adm. Code 50.Subpart G). Newly hired staff serving children shall become members of the Gateways to Opportunity Registry within 30 days after hire.
- 6) The director and each child care staff member must complete the online Mandated Reporter Training that is available on the Department's website. Current staff must complete this training by October 15, 2014. Newly hired staff must complete this training within 30 days after hire.
- 7) If the facility is licensed to care for newborns and infants, all newly hired day care center staff shall take and complete the Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome (SBS) training within 30 days after hire.
- 8) Every 3 years, all child care staff in a facility licensed to care for newborns and infants, including the day care center director, shall receive training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.

e) Cooks, kitchen helpers and others assisting in the preparation, serving and handling of food and cooking/serving utensils shall make their positions known to the examining physician, and shall comply with the current rules and regulations of the Illinois Department of Public Health pertaining to Food Service Sanitation (77 Ill. Adm. Code 750).

Appendix F. Oklahoma Professional Development Ladder

Level	Level Requirements	Annual Renewal Clock Hours
11	BA/BS ^{1, 2} or above in Early Childhood Education (ECE)/ Child Development (CD)/School-Age (SA) –or– BA/BS in another field (BA/BS-non) with 24 ECE/CD/SA credit hours ²	20 hours ³
10	90 credit hours with 18 ECE/CD/SA credit hours ² –or– BA/BS-non with 18 ECE/CD/SA credit hours ²	20 hours ³
9	AA/AS ^{2, 4} in ECE/CD/SA –or– BA/BS-non with 15 ECE/CD/SA credit hours ²	20 hours ³
8	AA/AS-non with 15 ECE/CD/SA credit hours ² –or– 60 credit hours with 15 ECE/CD/SA credit hours ² –or– BA/BS-non with 6 ECE/CD/SA credit hours ²	20 hours ³
7	30 credit hours with 15 ECE/CD/SA credit hours ²	20 hours ³
6	Oklahoma Certificate of Mastery (ECE/CD) ⁵ –or– Tulsa Community College School-Age Certificate of Mastery	20 hours ³
5	Current Child Development Associate (CDA) or Certified Childcare Professional (CCP) Credential –or– 12 credit hours ² in ECE/CD/SA	20 hours ³
4	Oklahoma Competency Certificate (Career Tech Master Teacher or Career Tech Director ONLY) ⁶	20 hours ³
3	6 credit hours ² in ECE/CD/SA	20 hours ³
2	3 credit hours ² in ECE/CD/SA –or– 60 clock hours of Oklahoma Professional Development Registry Approved ⁷ ECE/CD/SA training in the past 5 years	20 hours ³
1	12 clock hours of ECE/CD/SA training ³ in the past 12 months	12 hours ³

Appendix F. Oklahoma Professional Development Ladder, con't.

Footnotes

1. Bachelor Degree of Arts, Bachelor Degree of Science.
2. College credit hours must be on the Recommended Approved Coursework List (www.cecpcd.org) and articulate to a two- or four-year college or university.
3. **No more than 6 hours of informal professional development are counted toward both initial and renewal hours.** Training in the core content areas identified in "Oklahoma Core Competencies for Early Childhood Practitioners." 1) child growth and development; 2) health, safety and nutrition; 3) child observation and assessment; 4) family and community partnerships; 5) learning environments and curriculum; 6) interactions with children; 7) program planning, development and evaluation; and/or 8) professionalism and leadership.
4. Associate Degree of Arts, Associate Degree of Science.
5. The Certificate of Mastery in child development or early childhood education is a minimum 18 credit hour certificate awarded by an Oklahoma community college.
6. Master Teacher or Director Competency Certificate only awarded by Oklahoma Department of Career Technology.
7. Training approved through the Oklahoma Professional Development Registry (OPDR) (www.cecpcd.org). All OPDR approved training is tied to the "Oklahoma Core Competencies for Early Childhood Practitioners."

NOTE: Informal professional development is not counted toward meeting this requirement.

Entry Level Child Care Training (ELCCT), Family Child Care Home Entry Level Training (FHELT), Director's Entry Level Training (DELT), and Out-of-School Time Entry Level Training (OST-ELT) can only be counted one time toward renewal hours.

Appendix G. Tennessee Screen Time and Digital Media Use

The following passage is from Tennessee's child care licensing regulations for screen time.

(42) Screen time: Instances in which television, videos, video games, cell phones, computers, and other digital devices are used, excluding adult-directed presentations using screens (ex. Power Point, slideshow, Smart/Whiteboards) provided such media are educational and used interactively with children.

(2) Electronic Media and Devices.

(a) If electronic media, including but not limited to television, videos/DVDs, or video/computer games, or personal electronic devices are used, they shall be limited as follows:

1. For children less than two (2) years of age, use of electronic media and other electronic devices is prohibited.
2. Television and video/DVD viewing shall be limited to one (1) hour per day and for educational or physical activities only. Exception: Viewing time may exceed one (1) hour per day for special activities such as movie time as long as the total average time per week does not exceed one hour per day.
3. Computer and personal electronic device time is limited to one (1) hour per day.
4. Television and video/DVD viewing is not allowed during meal or snack time.
5. Exceptions:
 - (i) Use of electronic media for personal recorded messages from relatives serving abroad in the military is not limited.
 - (ii) Use of electronic media during transition times when there is a single educator such as during preparation of a meal is limited to the duration of the transition.
 - (iii) School-age children may use computers for completion of homework with no time limitations.
 - (iv) All children may participate in activities that utilize computers and electronic devices for educational programs.

(b) If used, computers which allow internet access by children shall be equipped with monitoring or filtering software, or other type of software protection that limits children's access to inappropriate websites, e-mail, and instant messages.

(c) Videos, movies, and video/computer games shall be previewed by staff for content.

Appendix H. Oklahoma Orientation Training Regulations Excerpt

340:110-3-284. General qualifications, responsibilities, and professional development (p. 33)

(d) Professional development. Personnel meet the general professional development requirements in (1) through (8) of this subsection.

(1) Professional development verification. Verification of professional development is maintained, per OAC 340:110-3-281.3(b).

(2) Professional development plan. For the director and teaching personnel the program:

(A) within six months of employment, develops an individualized education plan;

(B) updates the plan annually; and

(C) maintains documentation, per OAC 340:110-3-281.3(b).

(3) Orientation. Within one week of employment and prior to having sole responsibility for a group of children, personnel obtain orientation, as documented, per OAC 340:110-3-281.3(b), including, at least a review of:

(A) Licensing requirements;

(B) prevention and control of infectious disease;

(C) immunizations;

(D) injury prevention;

(E) handling common childhood emergencies, including choking;

(F) medication administration consistent with standards for parental consent;

(G) prevention of and response to emergencies due to food and allergic reactions;

(H) prevention and control of infectious disease and mandatory reporting;

(I) child abuse and neglect definition, identification, and mandatory reporting;

(J) appropriate use of discipline and prevention of child maltreatment;

(K) car seat and transportation precautions and safety;

(L) building and physical premise safety including identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic;

(M) handling and storage of hazardous materials and appropriate bio-contaminant disposal;

(N) diaper changing;

(O) prevention of shaken baby syndrome and abusive head trauma;

(P) reducing the risks of sudden infant death syndrome (SIDS);

(Q) use of infant safe sleep practices;

(R) child development; and

(S) program specific information, including, at least:

(i) policies and procedures;

(ii) emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event addressing continuity of planning and all situations, per OAC 340:110-3-279;

(iii) confidentiality of information regarding children and families;

(iv) personnel's assigned duties and responsibilities, such as classroom schedules and lesson plans; and

(v) methods used to inform personnel of children's special health, nutritional, and developmental needs.

Source: Oklahoma Department of Human Services. Licensing Requirements for Child Care Programs.

Retrieved from <https://oklahoma.gov/content/dam/ok/en/okdhs/documents/okdhs-publication-library/14-05.pdf>

Appendix I. Nebraska Director Orientation Review

Child Care Centers/ School-Age-Only Centers/ Preschools

1. **Duties of the Director** (391 NAC 3-006.01, 4-006.01, 5-006.01): Licensee Requirements: 4. Either manage the day-to-day operations of the center or designate a director who is responsible for the day-to-day management of the center and define the duties and responsibilities of the director in writing:
 - At a minimum, all Director Requirements (391 NAC 3-006.02, 4-006.02, 5-006.02) must be identified in writing, included;
 - Any additional duties related to fees, billing for Child Care Subsidy, Child Care Food Program, Public Relations, etc. must also be identified in writing.
2. **Director Requirements** (391 NAC 3-006.02, 4-006.02, 5-006.02):
 - #4: Provide written personnel policies & policies and procedures specific to:
 - a. Job descriptions and responsibilities; and
 - b. Position qualifications, skills, knowledge, abilities and physical demands of the job;
 - Position qualifications must be consistent with or exceed Staff Qualifications (Teacher, Substitute, Support Staff, Volunteer and Parent Helper (391 NAC 3-006.05/06, 4-006.05/06, 5-006.05/06)
 - #9: Develop and implement written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the child care center/school-age-only center/preschool;
 - Written procedure must be consistent with Nebraska Statutes specific to reporting Child Abuse and Neglect (28-711 Child subjected to abuse or neglect report; contents; toll-free number.).
 - #15: Develop and use written criteria to assess the ability of staff to give or apply medication safely.
 - Written criteria must be consistent with Medication Regulations (391 NAC 3-006.27, 4-006.24, 5-006.24) AND any additional requirements the Child Care Center/Preschool uses.
3. **Orientation** (391 NAC 3-006.10A, 4-006.09A, 5-006.09A): When new staff or volunteers are employed, those individuals must be provided with orientation prior to their having direct responsibility for the care of children. The orientation must include:
 1. Job duties and responsibilities;
 2. Infection control practices including proper hand washing techniques, personal hygiene, and disposal of infectious material;
 3. Information on abuse, neglect and sexual abuse of children and the state's reporting requirements;
 4. Child care center, school-age-only center, preschool regulations;
 5. Evacuation plans in the event of fire;
 6. Safety plans in the event of a tornado;
 7. Emergency preparedness in the event of a natural or man-made disaster; and
 8. The center's/preschool's method of interacting with children and discipline policies.
4. **Description of Services** (391 NAC 3-006.14A, 4-006.13A, 5-006.13A): The center/preschool must have a written description of the range of services available. The written description must include:
 1. Ages of children served;
 2. Days and hours of operation;
 3. A description of the center's child development program;
 4. Special services provided;
 5. A description of any parent training/education offered; (N/A for school-age-only centers and preschools)
 6. What is expected of parents;
 7. Name, address, and phone number of the center's owner or authorized representative; and
 8. Information provided by the Department that describes how regulations can be accessed, how child care licensing staff can be contacted, and how complaints can be made.
5. **Center/Preschool Policies** (391 NAC 3-006.14B, 4-006.13B, 5-006.13B): The center/preschool must have written policies on:
 1. Exclusion of ill children; (See Item #7)
 2. Conditions for suspending and terminating care;
 3. Fees/contract information for parents;
 4. Verifying the identification of individuals approved to remove children from the center;
 5. Parent grievances, questions, or concerns; and
 6. Personnel policies, including:
 - a. Staff qualifications; (Same as Director Requirements, #4 (b))
 - b. Staff training requirements;
 - Must include Orientation Training for new staff;
 - Minimum of 12 clock hours of training for staff who work 21 hours/week;
 - Minimum of 6 clock hours of Training for staff who work 20 or fewer hours/week;
 - Food Service Training for staff who prepare food;
 - Transportation Training for staff who transport children, if transportation services are provided; and
 - CPR and First Aid Training sufficient that at least one staff will have completed training at all times;
 - c. Staff discipline procedures; and
 - d. Staff immunization and exclusion of ill staff.

6. **Staff-to-Child Ratio** (391NAC 3-006.15C, 4-006.14C, 5-006.14C): The center must maintain accurate staff and daily attendance records to verify compliance with staff-to-child ratios.
- Electronic records are acceptable if Department staff are given access to the electronic records.
 - Daily Attendance Records used for documentation of Child Care Subsidy (Title XX) and Child Care Food Program billings are accepted as long as the combined records include all children in attendance at all times and days.
7. **Exclusion of Children Who Are Ill** (391 NAC 3-006.17, 4-006.16, 5-006.16): The licensee must have a written policy that identifies the circumstances under which children would be excluded from child care due to illness. This policy must be available to all parents and enforced by the licensee:
- I.Exclusion based on specific conditions such as:
- Fever:temperature resulting in exclusion? How many days with no fever can child return?
 - Diarrhea:How many incidents result in exclusion? How many days with no diarrhea can child return?
 - Vomiting: How many incidents result in exclusion? How many days with no vomiting can child return?
 - Other conditions: describe in detail.
- II.Exclusion based on specific contagious and infectious diseases such as chickenpox, measles, mumps, etc.
- What diseases result in exclusion from your child care center/preschool?
 - What is required for children to return to your child care center/preschool?
8. **Child Development Program** (391 NAC 3-006.22, 4-006.21, 5-006.21):
- Information about the program must be given to parents and the Department upon request;
 - The licensee must provide a developmentally appropriate program designed to promote the cognitive, social, emotional and physical development of children in care;
 - Your program must include:

Child Care Center-	School-Age-Only Center-	Preschool-
1. Indoor play; 2. Outdoor play; 3. Napping and rest periods; 4. Opportunities for individual and group play times; 5. Opportunities for children to read and explore books; 6. Daily reading with children of developmentally appropriate literature;and 7. Fostering language and social development by talking and interacting with children and modeling appropriate language and behavior.	1. Indoor activities; 2. Outdoor activities; 3. Rest periods and other quiet times; 4. Opportunities for individual and group times; 5. Opportunities for children to read and explore books; 6. Opportunities for socialization; and 7. Fostering language and social development by talking and interacting with children and modeling appropriate language and behavior.	1. Approaches to Learning; 2. Creative Arts; 3. Health and Physical development; 4. Language and Literacy Development; and 5. Social and Emotional Development.

9. **Diapering Procedures** (391NAC 3-006.23B, Diapering and Toileting):
- #1. The License must ensure that diapering procedures are established and followed by center staff. The procedures must include:
- a. Wet and/or soiled diapers are changed immediately;
 - b. Diapers are checked on a frequent and regular basis;
 - c. Individual washcloths or disposable towelettes are used;
 - d. Wet and soiled diapers are properly stored and disposed;
 - e. Diaper-changing surfaces are cleaned after each use by sanitizing the surface or changing the diaper pad or disposable sheeting are disinfected daily; and
 - f. Proper hand washing is done after each diaper change.
- #2. The licensee must ensure that toilet training is conducted in a manner agreed upon with the parent. The licensee must also ensure that:
- a. Potty chairs are not used or stored in eating or play areas; and
 - b. Proper hand washing by the provider and the child is done each time a child is helped with toileting.
10. **Transportation** (391NAC 3-006.26 #15, 4-006.23 #14, 5-006.23 #13): The center/preschool must have a written transportation policy that is given to all staff who transport children and is available to parents and the Department upon request. The transportation policy must describe:
- a. Restraints and safety equipment;
 - b. Procedures to ensure children are never left alone in a vehicle at any time; and
 - c. Emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident, or other emergencies.

11. **Written Disaster Preparedness Plan** (391NAC 3-006.30D, 4-006.27D, 5-006.25D): Licensee must have a written plan that includes:
1. Evacuating and moving children to a safe location in the event of:
 - Fire;
 - Tornado;
 - Flood;
 - Other natural or man-made disaster;
 - What arrangements need to be made before disaster? and
 - What does licensee need to take with them to safe location?
 2. Notifying parents of children in care of an emergency;
 - Plan if cell phones do not work;
 - Arrangements for care if parents cannot take children;
 3. Reunification of parents with their children in the event of an emergency that requires evacuation;
 - Where can parents find you and their children?
 4. How children with special needs will be safe in the event of a disaster including evacuation and reunification with the parent.
 - Review definition of "special needs": not just children who are not mobile.
12. **Maintenance of Equipment, Fixtures, Furnishings, and Toys** (391NAC 3-006.31B, 4-006.28B, 5-006.26B): The licensee must ensure that equipment, fixtures, furnishings, and toys used in the center are kept clean, safe, and in good repair.
1. The licensee/director must create and follow a process for routine and preventative maintenance of equipment, fixtures, furnishings, and toys so they are kept safe, in good repair, and available to meet the intended use. This includes ensuring no sharp edges, rust, or loose parts.
 2. Furniture and equipment must be arranged so as not to interfere with exits.

Appendix J. Tennessee: Comprehensive Supervision State Regulation

1240-04-01-.11 SUPERVISION.

- (1) Supervision. When children are not within the direct sight and sound of an adult, the term "supervision" means:
 - (a) For children six (6) weeks of age through nine (9) years of age, the adult must be able to hear the child at all times, must be able to see the child with a quick glance, and must be able to physically respond immediately.
 - (b) For children six (6) weeks of age through five (5) years of age during mealtime, an adult must be in the direct sight and sound of children while the children are eating.
 - (c) For children ten (10) years of age and older, the adult shall know the whereabouts and activities of the children at all times and must be able to physically respond immediately.
 - (d) For children ages ten (10) years and above who are grouped with children under ten (10) years of age, the minimum supervision requirements for children ages six (6) weeks through nine (9) years, shall be followed.
 - (e) Each child shall be greeted and received by the specific educator assigned who will have ultimate responsibility and accountability for their supervision, oversight and care upon the child's arrival.
 - (f) Helper devices such as mirrors, electronic sound monitors, etc. may be used as appropriate to meet these requirements.
- (2) Supervision Procedures.
 - (a) To ensure the health and safety of all children enrolled, the management of the child care agency shall maintain a system that enables all children to receive a level of supervision that is appropriate to their age and their developmental, physical and mental status. The child care agency staff shall be within sight and sound of the children in their care at all times, be aware of their activities, and be able to intervene appropriately.
 - (b) Staff shall conduct a visual inspection of all areas of the building and grounds immediately after closing the child care agency for the day in order to ensure that no children have been unintentionally left in any part of the child care agency's facilities.
 - (c) If any child is left unattended at any time, the child care agency is subject to legal enforcement action. A child left unattended includes, but is not limited to a child:

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(Rule 1240-04-01-.11, continued)

1. Walking out of a child care agency without the knowledge of staff;
 2. Being left in a classroom or any other area of the facility;
 3. Being left on the playground;
 4. Being left at a field trip location; or
 5. Being left on a vehicle.
- (d) Procedures for Release of Children from the Care of the Child Care Agency.
1. Children shall be released to only the child's parent/guardian, or other person authorized by the parent/guardian in accordance with the child care agency's policies, unless otherwise directed by the Department of Children's Services or law enforcement authorities.
 2. The child care agency shall verify the identity of the parent/guardian or other authorized person and shall require presentation of a photo identification for comparison with the child's file if the educator does not recognize the individual.
 3. In the event an unauthorized person requests release of a child, authorization may be obtained by calling the parent/guardian.
 - (i) The child care agency shall document the date and time of the contact, to whom he/she spoke, and to whom the child was released.
 - (ii) The child care agency shall verify the identity of the unauthorized person by requiring presentation of a photo identification.
 4. The person to whom the child is released shall sign the child out of the child care agency as required in subparagraph (e) below.
 5. The child care agency shall immediately call 911 or other local emergency services number if anyone whose behavior may place a child at imminent risk attempts to pick up a child.
- (e) Sign-In/Sign-Out Procedures.
1. Child care agencies shall maintain a daily sign-in and sign-out sheet or electronic sign-in or sign-out record that includes:
 - (i) Each child's printed or typed full name;
 - (ii) Date;
 - (iii) Time of entry;
 - (iv) Time of departure; and
 - (v) Name of the individual who brought the child to the child care agency and the individual's name that picked up the child from the child care agency.
 2. Child care agency staff shall only sign children in and out of the child care agency when transported to the child care agency by the child care agency's

Appendix J. con't.

(Rule 1240-04-01-.11, continued)

transportation service or local school transportation system and no parent/guardian or authorized representative is present or at the discretion of the Department.

3. These sign-in and sign-out sheets or electronic records shall be maintained for one (1) year and shall be kept on-site and immediately available.

(3) Meal and Snack Time Supervision.

- (a) During meal and snack time, staff shall maintain direct supervision of children between six (6) weeks and five (5) years of age and maintain supervision of children between six (6) and nine (9) years of age.
- (b) During meal and snack times, educators that are providing supervision are prohibited from engaging in any activities unrelated to mealtime while children are eating.
- (c) Child care agencies shall develop and follow a written mealtime supervision plan that addresses:
 1. Room arrangement that will allow staff to directly supervise each child at all times;
 2. Individual staff duties to ensure age-appropriate supervision can be given to each child at all times;
 3. Individual children's needs, including high risk behaviors; and
 4. Interruptions and emergencies.
- (d) Mealtime supervision plans shall be updated as needed.
- (e) The mealtime supervision plan shall be prominently posted in each area where food is served.

(4) Playground Supervision.

- (a) The same supervision requirements are applicable on the playground as in the classroom.
- (b) Child care agencies shall develop and follow a written playground supervision plan that includes:
 1. Arrival and departure procedures;
 2. Playground design and placement of equipment;
 3. Individual staff duties to ensure age-appropriate supervision can be given to each child at all times;
 4. Individual children's needs, including high risk behaviors;
 5. Emergency procedures, including communication with other staff; and
 6. Roll call before leaving classroom and upon arrival at playground and prior to leaving playground and upon arrival in classroom.

Appendix J. con't.

(Rule 1240-04-01-.11, continued)

- (c) Playground supervision plans shall be updated as needed.

(5) Supervision during Field Trips.

- (a) Child care agencies shall provide direct supervision to each child at all times during field trips.
- (b) The adult:child ratio shall be doubled during field trips. Exception: for family and group homes, the adult:child ratio during field trips shall be increased by one (1).
- (c) The child care agency shall monitor attendance by checking attendance as follows:
1. Prior to leaving the child care agency;
 2. Upon arrival at each destination;
 3. At the beginning and end of each activity (such as lunch, breaks, etc.);
 4. Upon departing each destination; and
 5. Upon arrival at the child care agency.

(6) Supervision in and Near Water.

- (a) When children are engaged in activities in or near a body of water, the following requirements shall be met:

1. Swimming Ratio Chart

Age Group	Adult:Child Ratio
Six (6) weeks – Twelve (12) months	1:1
Thirteen (13) months – Thirty-five (35) months	1:2
Three (3) years	1:3
Four (4) years	1:4
Five (5) years	1:5
School-age (Kindergarten and above)	1:10

2. One (1) adult present shall have a current certificate in advanced aquatic lifesaving skills. This person shall supervise from above the level of the swimmers. This person may be the lifeguard provided by the facility.
3. The lifeguard, including those provided by a swimming facility, shall not be included in the required adult:child ratio while performing lifeguard duties.

(7) Safe Sleep Supervision Procedures.

- (a) To reduce the risk of Sudden Unexpected Infant Death (SUID), including Sudden Infant Death Syndrome (SIDS), suffocation and other sleep-related deaths, child care agencies shall follow safe sleep practices.
1. Infants shall sleep in cribs or play yards with a firm sleep surface with a fitted sheet;

Appendix J. con't.

(Rule 1240-04-01-.11, continued)

2. No infant shall be allowed to sleep on a sofa, soft mattress, adult bed, in a car seat, in a swing, or in other restraining devices;
3. Infants shall be positioned on their backs for sleeping;
4. Bibs shall be removed prior to placing infants in a crib for sleeping;
5. Soft bedding is prohibited and includes, but is not limited to, pillows, bumper pads, blankets, quilts, comforters, stuffed toys, and other soft items;
6. Mobiles and other toys that attach to any part of the crib are prohibited;
7. It is not necessary to reposition infants once they have demonstrated the ability to turn front to back and back to front independently;
8. Any cribs or other sleeping equipment prohibited by federal product safety regulations shall not be permitted;
9. Infants shall be touched by an educator every fifteen (15) minutes in order to check breathing, body temperature and position;
10. If a child appears not to be breathing, the child care agency shall immediately begin CPR and immediately call for emergency medical assistance;
11. The child care agency shall have a written policy describing safe sleep practices and provide a copy of that policy and training to all educators and volunteers assuming infant-caregiving duties;
12. All infant educators shall follow safe sleep procedures;
13. Infants that arrive asleep in car seats or fall asleep in any piece of equipment other than a crib must be immediately removed and placed on their back in a crib;
14. Avoid letting the infant overheat and ensure infants are dressed appropriately for the environment (no greater than 1 layer more than an adult would wear in the same environment); and
15. Any practice that is an exception to the above procedures shall not be used without written authorization from a physician.

(8) Naptime Supervision and Requirements for Naptime

- (a) At naptime, after the children have settled down, adult:child ratios for ages thirty-one (31) months and above may be reduced by fifty percent (50%) in each classroom as long as the children are adequately protected and all of the following requirements are met:
 1. At least one (1) adult educator shall be awake and supervising the children in each nap room/sleeping area;
 2. There are enough adults on the premises so that the adult:child ratio required for children when they are awake shall be met immediately; and
 3. Ratios for children six (6) weeks through thirty (30) months shall be maintained.

Appendix J. con't.

(Rule 1240-04-01-.11, continued)

- (b) Maximum group size limits do not apply.
- (9) Requirements for Nighttime Care.
 - (a) If there is a sleeping or resting child during nighttime, there shall be at least one (1) adult educator awake and supervising.
 - 1. The educator shall be able to hear the child at all times, shall be able to see the child with a quick glance, and shall be able to physically respond immediately.
 - 2. Helper devices such as mirrors, electronic sound monitors, etc. may be used as appropriate to meet these requirements.

Appendix K. Oklahoma's Supervision State Regulation

340:110-3-287. Supervision

- (a) **Supervision.** Supervision is the function of observing, overseeing, and guiding a child or group of children, including an awareness of, and responsibility for, the ongoing activity of each child, and being near enough to intervene when needed. The program is required to maintain supervision at all times.
- (b) **Know children.** Teaching personnel:
- (1) recognize children assigned to their group; and
 - (2) are responsible for learning assigned children's behaviors, interests, and individual needs.
- (c) **Non-job related activities.** While counting in ratios, personnel do not participate in non-job related activities that may interfere with supervision, such as visitors, phone calls, or electronic device use.
- (d) **Kitchen.** Children are restricted from the kitchen, unless part of a planned, supervised activity.
- (e) **Exception – children 5 years of age or older.** Five or fewer children having a good understanding of program rules may participate in a short-term, on-site activity not within sight and hearing of teaching personnel. However:
- (1) children count in ratios of his or her assigned group;
 - (2) this exception is not used when:
 - (A) children use stationary outdoor play equipment;
 - (B) children participate in higher risk activities, per Oklahoma Administrative Code (OAC) 340:110-3-290(a); or
 - (C) on-site services are being performed by contracted non-personnel without completed criminal history reviews, per OAC 340:110-3-282; and
 - (3) when this exception is used, assigned teaching personnel:
 - (A) make contact with these children at least every 10 minutes, while maintaining supervision of all children in his or her assigned group;
 - (B) provide immediate intervention, when needed; and
 - (C) know each child's location at all times and the nature of his or her activities.
- (f) **On-site play areas accessible to public.** The program has a method for easily identifying children and any play area boundaries.
- (g) **Off-site.** When the program provides or arranges for off-site activities:
- (1) a written supervision plan is maintained;
 - (2) an adult teaching personnel is with each group;
 - (3) boundaries are identified to the children; and
 - (4) the children are identifiable, such as using t-shirts, wrist bands, or badges.
- (h) **Transportation.** Transportation documentation is maintained, per OAC 340:110-3-281.2(d).
- (1) Children are never left unattended in vehicles.
 - (2) Supervision during transportation:
 - (A) begins when the child is picked up and the program has physical custody of the child. When the child is not present, or there is a contradiction about who is responsible for picking up the child, the program informs the parent, per OAC 340:110-3-280(d); and
 - (B) ends when the child is dropped off. The child is only dropped off at the pre-arranged location or with the individual designated by the parent, per OAC 340:110-3-281.4(b).
 - (3) When transporting children, communication device use is restricted, per OAC 340:110-3-305(e).
 - (4) Children's entire bodies remain in the vehicle.
- (i) **Contracted non-personnel.** When contracted non-personnel are present, program personnel provide the supervision.
- (j) **Overnight care.** Teaching personnel required for ratios are awake at all times.

Appendix L. Tennessee Child Care Regulations Excerpt for Physical Activity

(3) Outdoor Play and Playground Routines.

- (a) Children of all ages, including infants, who are in care more than three (3) daylight hours, shall have a daily opportunity for outdoor play when the temperature range, after adjustment for wind chill and heat index, is between thirty-two degrees and ninety-five degrees Fahrenheit (32°F and 95°F) and it is not raining.

Exception: Child care agencies where outdoor play is prohibitive or dangerous, as determined in the discretion of the Department, may substitute unoccupied indoor space providing fifty (50) square feet per child, subject to approval by the Department.

- (b) Agencies shall develop written policies promoting physical activity and shall strive to remove any potential barriers for children to participating in physical activity.

- (c) Outdoor play and moderate to vigorous indoor or outdoor physical activity shall be available as follows:

1. Weather permitting, infants shall be taken outside two to three times per day.
2. Toddlers and preschoolers shall have sixty (60) to ninety (90) minutes of outdoor play per day for full-time programs.

Exception: Indoor activity can be increased if adverse weather does not permit outdoor play.

3. Toddlers shall have sixty (60) to ninety (90) minutes of moderate to vigorous physical activity per eight (8) hour day for full-time programs.
4. Preschoolers shall have ninety (90) to one hundred and twenty (120) minutes of moderate to vigorous physical activity per eight (8) hour day for full-time programs.

June, 2022 (Revised)

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LICENSURE RULES FOR CHILD CARE AGENCIES

CHAPTER 1240-04-01

(Rule 1240-04-01-.15, continued)

5. Physical Activity Requirements for Part-Time Providers:

Number of Hours in Operation	2 hours	3 hours	4 hours	5 hours	6 hours	7 hours
Approximate Minutes Required	15	25	30	40	45	50

- (d) Children shall be properly dressed, and the length of time outside adjusted according to the weather conditions and the age of the children.
- (e) Educators shall be alert for any signs of weather-related distress, including dehydration, heat stroke and frostbite.
- (f) Each child care agency shall develop simple playground rules that use positive language. Staff shall verbally communicate these rules to children prior to outdoor play.
- (g) Staff shall plan and implement activities that engage all children in developmentally appropriate active, physical play such as skipping, running, and jumping.

(4) Reclining Rest Period.

